

Name
in
Full

Hanson Abbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Boring* County *Balt* MARYLAND

Died at *Boring*

Date of death 19*60* Month *April* Day *22* Age *71* Months *2* Days *26*

Sex *Male* Color or Race *white* Birth-place *md*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Morthe U. Abbott*

Father's Name *David Abbott* Father's Birthplace *md*

Mother's Maiden Name *Annie Brown* Mother's Birthplace *md*

Name of person giving Information *H. Winfield Abbott* How related to deceased *son*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

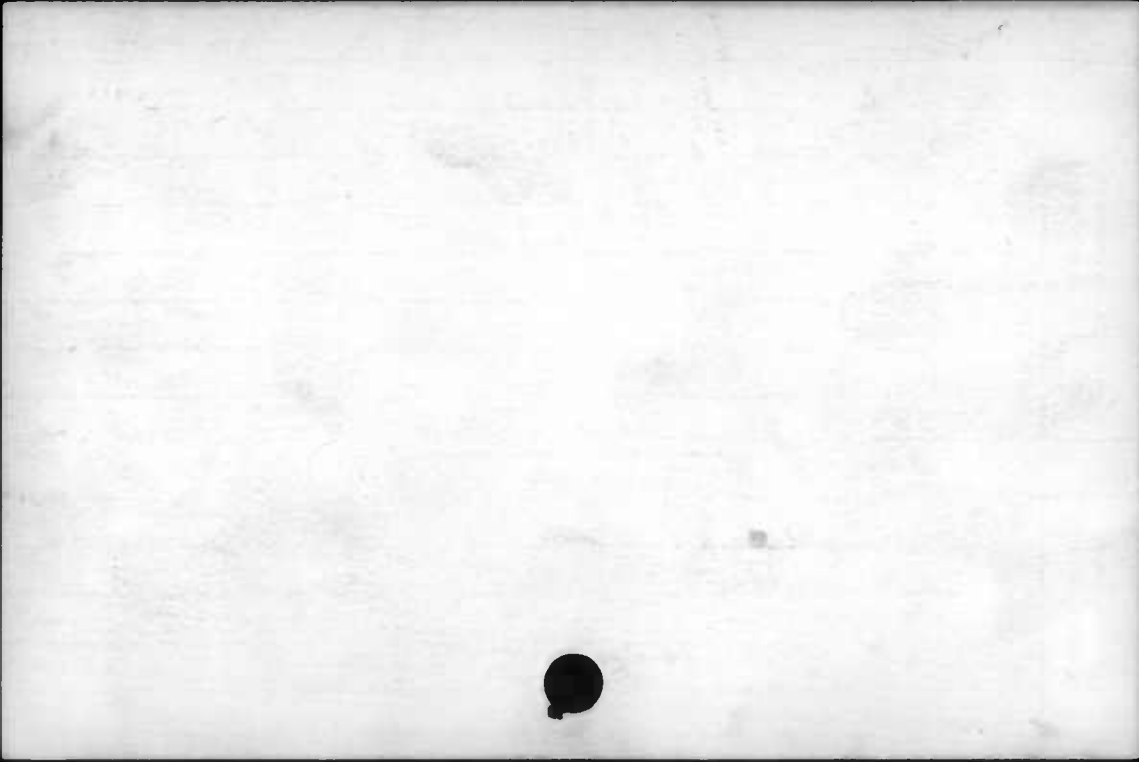
Primary *La Grippe* How long *one week*

Immediate *Heart Failure* How long *—*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Joseph William M.D.* Address *Frederickburg Md*

Accident or Suicide



Name
in
Full

Akehurst - Charles, A.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt. Washington</i>		<i>Baltimore</i>		MARYLAND	
Date of death <i>1940</i>		Month <i>April</i>	Day <i>25</i>	Age	Months <i>28</i> hours <i>hours</i>
Sex <i>Male</i>		Color or Race <i>W. hite</i>		Birth-place <i>Wt. Washington, Ind.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Louis B. Akehurst</i>			Father's Birthplace <i>Balto. Co. Ind.</i>		
Mother's Maiden Name <i>Mary Clevell</i>			Mother's Birthplace <i>Balto. Ind.</i>		
Name of person giving Information <i>Louis B. Akehurst</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Failure of Closure of Foramen Ovale of Heart</i>	How long <i>28 hrs.</i>
Immediate <i>Lack of aeration of Blood</i>	How long <i>28 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Josiah S. Bowen</i>
	Address <i>Wt. Washington, Ind.</i>
Accident or Suicide	

Boats, Cemetery.

Apr 26 - 1910

A. S. Maus Hall

3539. Hall Road

Name
in
Full

Hester Virginia Ann a cost

CERTIFICATE OF DEATH

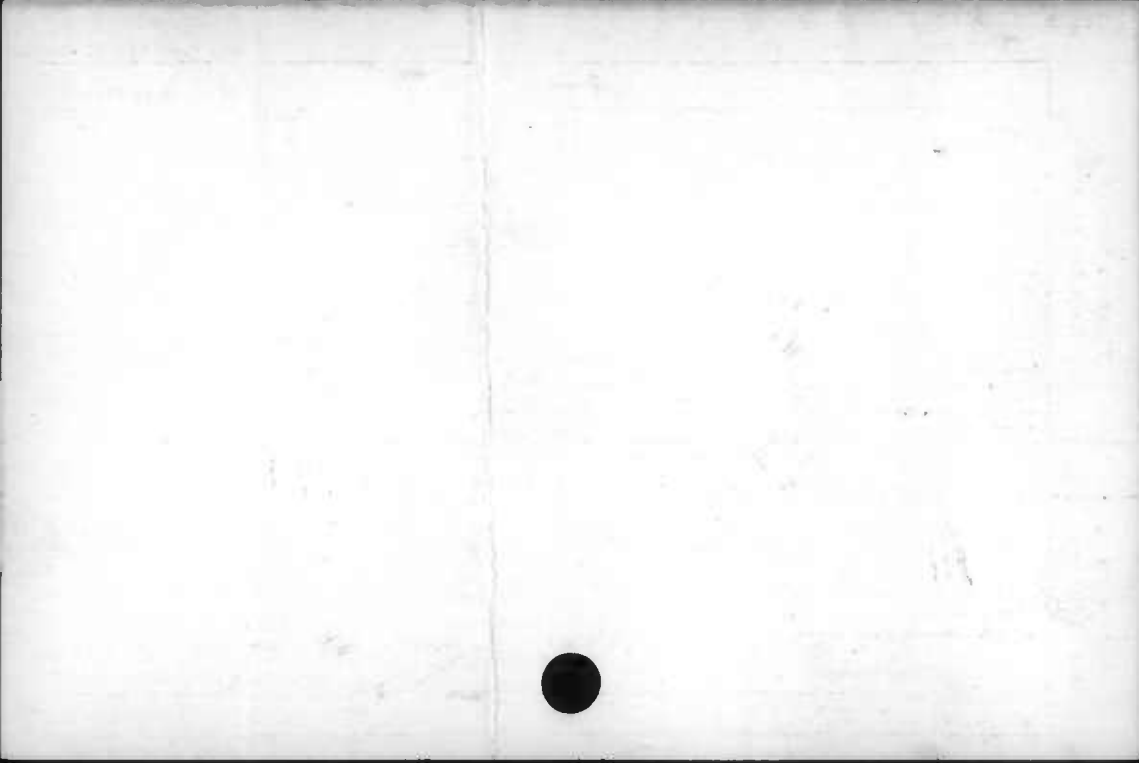
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salem</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1980</i>	Month <i>4</i>	Day <i>3</i>	Years <i>29</i>	Months <i>2</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Salem</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Salem</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph F. Annacost</i>				
Father's Name <i>Edward Martin</i>	Father's Birthplace <i>near Hampstead</i>				
Mother's Maiden Name <i>Haziah Lawson</i>	Mother's Birthplace <i>Salem</i>				
Name of person giving Information <i>Joe F. Annacost</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary <i>Valvular Heart Disease</i>	How long <i>10 years</i>
Immediate <i>Stroke</i>	How long <i>10 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph F. Annacost</i>
	Address <i>Hampstead</i>
Accident or Suicide	<i>yes</i>

PHYSICIAN
OR CORONER

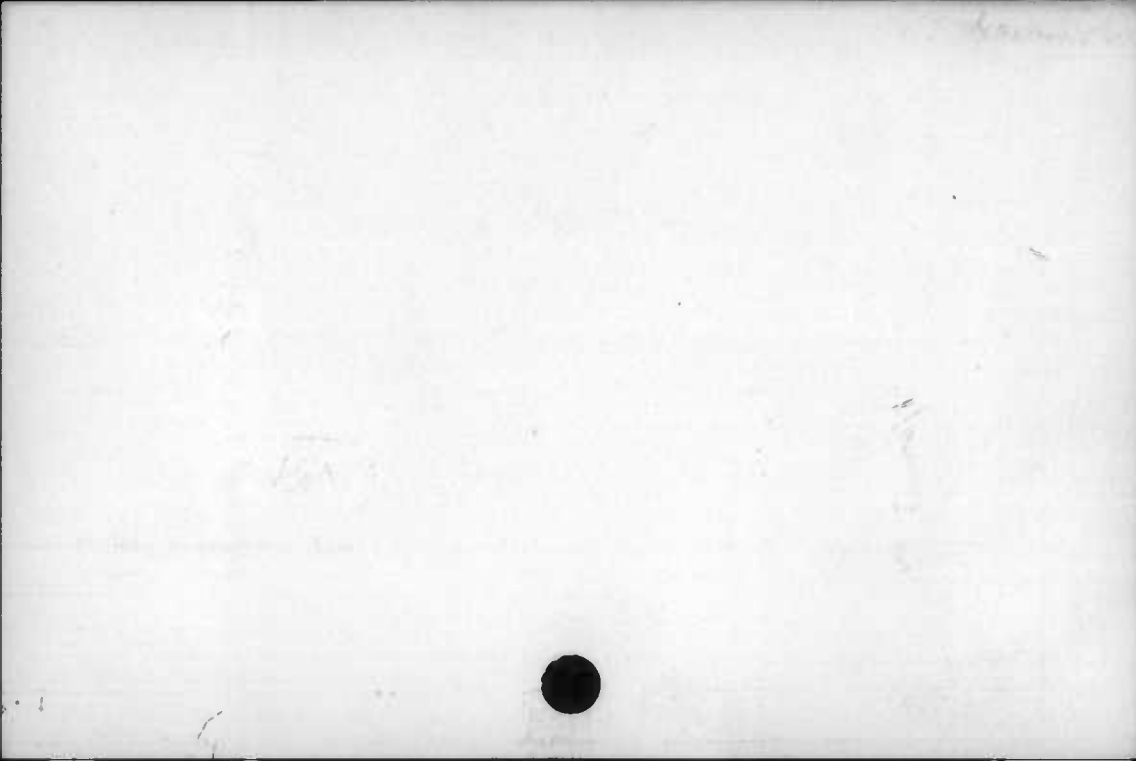


Name in Full Charles F. Auer		CERTIFICATE OF DEATH	
Died at St Agnes <small>Town</small> Croftonville		Balto <small>County</small>	
Date of death 1990 <small>Month</small> 4 <small>Day</small> 18		MARYLAND <small>Years</small> 40 <small>Months</small> 6 <small>Days</small> 18	
Sex Male <small>Color or Race</small> White		<small>Birth-place</small> Germany	
Occupation Car Conductor		<small>Where Residing if not at place of death</small> 1736 N. Gay	
<small>Married, Single or Widowed</small> Married		<small>Name of Wife or Husband</small> Rophie Auer	
<small>Father's Name</small> Unknown		<small>Father's Birthplace</small> Germany	
<small>Mother's Maiden Name</small> Unknown		<small>Mother's Birthplace</small> Germany	
<small>Name of person giving information</small> Edward J Fanning		<small>How related to deceased</small> None	
CAUSES OF DEATH			
<small>Primary</small> Gun shot wound		<small>How long</small> 5 Minutes	
<small>Immediate</small> Internal hemorrhage from lungs		<small>How long</small> 5 Minutes	
<small>Are the name, age, sex, color, date and place correctly given above?</small> yes		<small>Signature of Physician</small> August W Miller	
<small>Accident or Suicide?</small> accident		<small>Address</small> Mr Winans	
		Balto to Md	

Edward J. Framming
funeral director

Baltimore Cemetery =

Name in Full		CERTIFICATE OF DEATH			
Mrs Mary Baker		MARYLAND			
Died at <i>McWashington</i> ^{Town}		<i>Patterson</i> ^{County}			
Date of death <i>1900</i> ^{Year} <i>April</i> ^{Month} <i>15</i> ^{Day}		Age <i>74</i> ^{Years}		Months <i>1</i> ^{Months} <i>1</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Patterson</i>	
Occupation <i>housewife</i>		Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Jesse Baker</i>			
Father's Name <i>Phillip Hedrick</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary</i> ^(?)		Mother's Birthplace <i>Penn</i>			
Name of person giving information <i>Oliver E Baker</i>		How related to deceased <i>son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Ante pneumonia</i>		How long <i>five days</i>		93 ✓
	Immediate <i>Arteriosclerosis</i>		How long <i>36 hours</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William J Todd</i>		Address <i>McWashington Md</i>
	Accident or Suicide?				



Name
in
Full

William Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

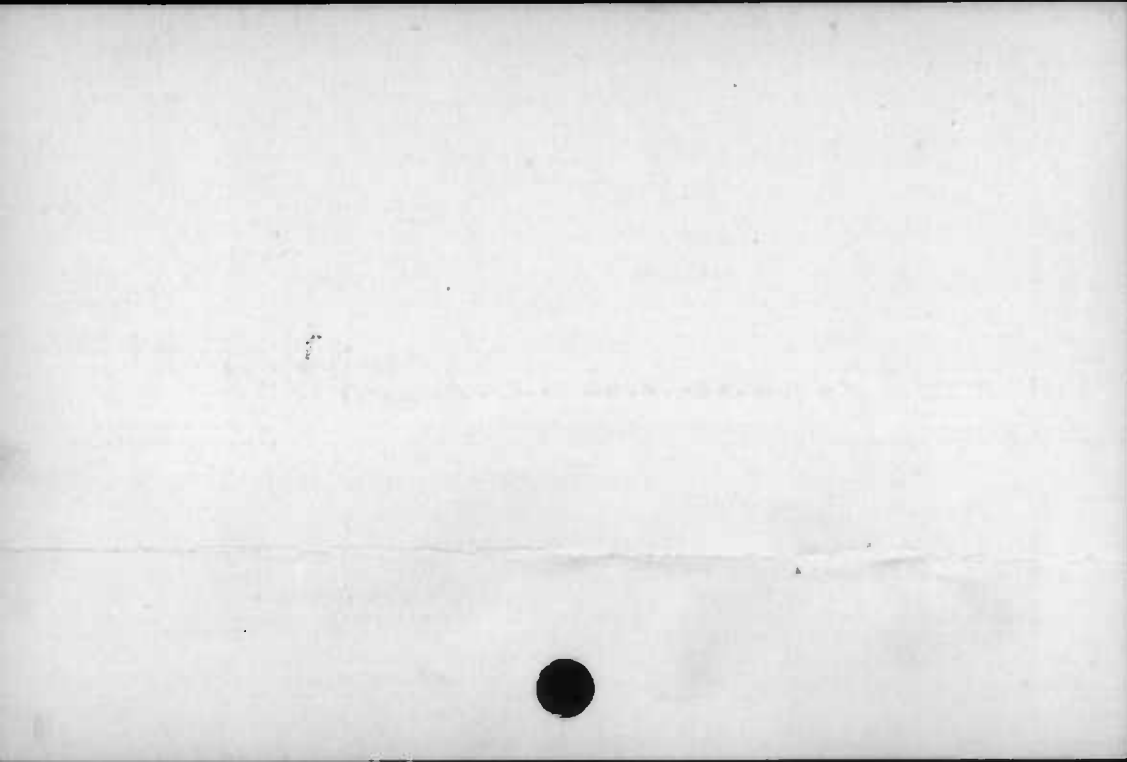
Died at <u>Freeland</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	19 <u>40</u>	Month <u>April</u>	Day <u>27</u>	Age <u>77</u> Years	Months <u>9</u> Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Fireman</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Margaret Baker</u>				
Father's Name <u>Henry Baker</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Margaret Macemore</u>	Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving information <u>Charles E Baker</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

125 ✓

PHYSICIAN
OR CORONER

Primary <u>Acute Prostatitis</u>	How long <u>Four days</u>
Immediate <u>Retention urine. Uræmic poisoning.</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph S. Baeovinn</u>
	Address <u>Freeland</u> <u>6</u>
Accident or Suicide? <u>No</u>	<u>Baltimore Co. Md.</u>



Name in Full		MAGDALENA BECK				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Monell Park		County Balto		MARYLAND	
	Date of death	1940	Month April	Day 21	Age 51	Years 6	Months 0
	Sex	female		Color or Race	white		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		—	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Frederick Beck	
	Father's Name	Geo. Schommer				Father's Birthplace	Germany
	Mother's Maiden Name	unknown				Mother's Birthplace	not known
Name of person giving information	Robt. Walker				How related to deceased	son	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div>120 ✓</div> </div>							
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	5 wks
	Immediate	Nephritis				How long	36 hrs
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Geo S. McKiffer
	Address	Monell Park				Balto Co Md 3	
<div style="display: flex; justify-content: space-between;"> <div>Accident or Suicide?</div> <div> <div style="background-color: black; width: 30px; height: 30px; border-radius: 50%;"></div> </div> </div>							

Western Cemetery
Jos B. Cook

Name
in
Full

Clarence R Bennett,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville ^{County} Balto MARYLAND

Date of death 1910 ^{Month} April ^{Day} 30 ^{Age} 36 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Howard Co

Occupation attendant at Md Hosp. Where Residing if not at place of death Catonsville

Married, Single or Widowed Married Name of Wife or Husband Kate Bennett.

Father's Name Columbus Bennett, Father's Birthplace Md.

Mother's Maiden Name Sarah McCubbin Mother's Birthplace Md

Name of person giving information Kate Bennett, How related to deceased wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Mitral Regurgitation & Nephritis, How long 2 yrs.

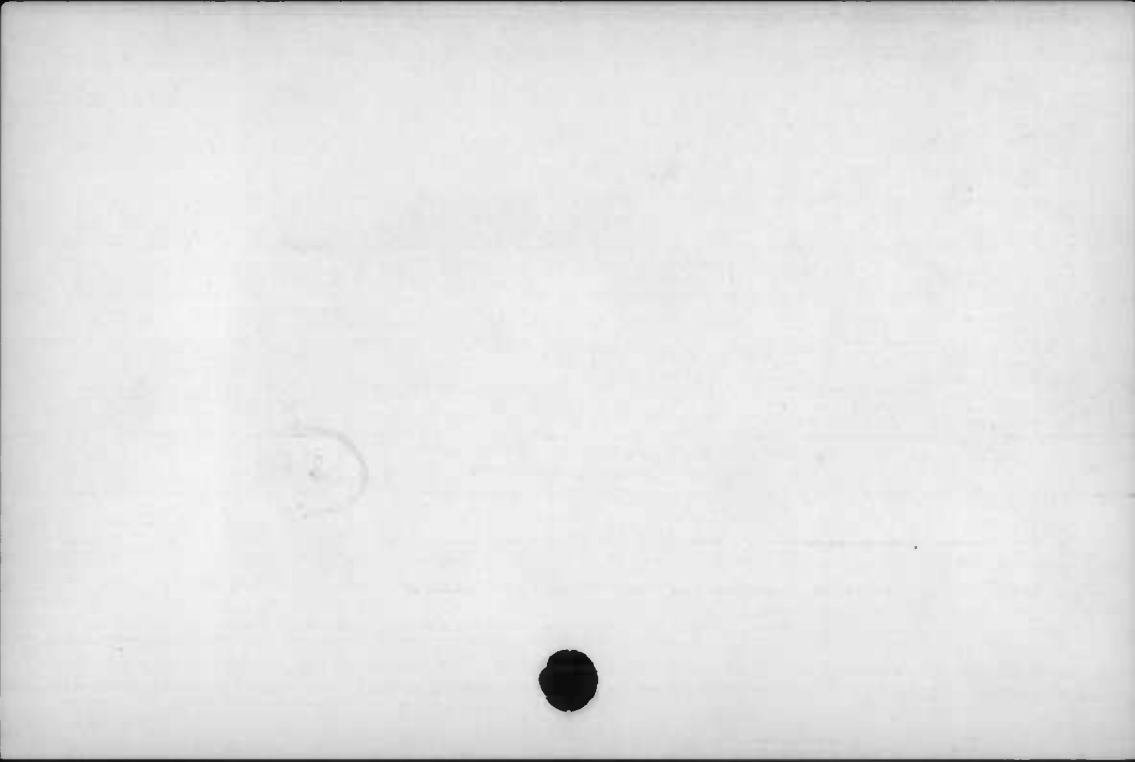
Immediate Heart failure, How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Marshall B West.

Address Catonsville, Md.

Accident or Suicide?



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ganderville</u>		County <u>Balto</u>		MARYLAND	
Date of death <u>1900</u>	Month <u>Apr</u>	Day <u>11</u>	Age <u>28</u>	Months <u>5</u>	Days <u>4</u>
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Balto Co</u>	
Occupation <u>stone work</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Freak Best</u>			
Father's Name <u>Geo Quirk</u>		Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Emma Dancer</u>		Mother's Birthplace <u>md</u>			
Name of person giving information <u>Dalh (w.o.c.)</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Primary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. D. Ford M.D.</i>
		Address	<i>22 Ardmore St Ward 14</i>
Accident or Suicide?	<i>2</i>		

Geo Schillings Sons
Balto Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balti</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>4</i>	Day <i>2</i>	Age <i>67</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>3738 E. Lombard</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Bien</i>				
Father's Name <i>Conrad Ott</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>11 11</i>		
Mother's Maiden Name <i>Annie Ott</i>	Name of person giving information <i>John Bien</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 wks</i>
Immediate <i>Debility</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. H. Hermann</i>
	Address <i>3111 E. Baltimore St</i>
Accident or Suicide?	

Trinity born

Henry son

4/4/10

Name
in
Full

Margaret V Biensack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parkville		County Balto		MARYLAND	
Date of death	19	Month 4	Day 4	Age	37	Months 2	Days 2
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	Dressmaker			Where Residing if not at place of death		Parkville Md	
Married, Single as Widowed			Name of Wife or Husband None				
Father's Name			Adam Biensack			Father's Birthplace Europe	
Mother's Maiden Name			Elizabeth Hartman			Mother's Birthplace '	
Name of person giving Information			Catharine Biensack			How related to deceased Sister	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart	How long	1 yr.
Immediate	Organic Heart	How long	1 yr.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Garry G. England	
Address		Hamilton	
Accident or Suicide		No	

Lassahn. & Sons.

Kiss

Cemetery

Name in Full		Harriet Bond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gorau st own		County Bathma ^{re}		MARYLAND
	Date of death		19 th	Month April	Day 27	Years Age about 80	Months Days
	Sex		Female		Color or Race		Colored
	Occupation		House Keeper		Birth- place		Maryland
	Where Residing if not at place of death		Gorau st own Md				
	Married, Single or Widowed		widow		Name of Wife or Husband		C. Wesley Bond
	Father's Name		Don't Know		Father's Birthplace		Don't Know
PHYSICIAN OR CORONER	Mother's Maiden Name		Don't Know		Mother's Birthplace		Don't Know
	Name of person giving In formation		Ther ^{se} Bond		How related to deceased		Son
	CAUSES OF DEATH						79
	Primary		Heart Disease & Drapey				How long Don't Know
Immediate		Heart Disease				How long about 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. H. Duncan	
Address		Gorau st own Md					
Accident or Suicide?							

Robert Elliott undertaker
Fun entry for Mrs. Town
4-29-1910

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ann Bosson

Town

County

Died at New Cypress

Baltimore

MARYLAND

Date
of death 1900

Month

4

Day

27

Age

Years

72

Months

8

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Black Rock Ind

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Daniel Bosson

Father's
Name

Abraham Bosson

Father's
Birthplace

Black Rock Ind

Mother's
Maiden Name

Mary Storms

Mother's
Birthplace

Black Rock Ind

Name of person giving
Information

Mary E. Elbaugh

How related
to deceased

Daughter

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Grip + Broncho-Pneumonia

How long

One month

Immediate

Heart Failure

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. D. M. Resch.

Address

Baltimore

Accident or Suicide?

1

Name
in
Full

Elizabeth Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1st Hope Retreat		Baltimore		Baltimore			
Date of death	Month	Day	Years	Months	Days		
1940	Apr	2nd	Age 66	Not Known	Not Known		
Sex	Female	Color or Race	White	Birth-place	Baltimore		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Widowed							
Father's Name			Father's Birthplace				
Not Known			Ireland				
Mother's Maiden Name			Mother's Birthplace				
" "			Ireland				
Name of person giving Information			How related to deceased				
Reeds Mt Hope Retreat			Not at all				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	abt 4 wks
Immediate	Ex Cardiac Hypertrophy	How long	3 or 4 wks -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank J. Flannery	
		Address	
		Mt Hope Retreat -	
		Mt Hope Md -	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Edna Louisa Brecht* Town *Carnton* County *Balto.* MARYLAND

Died at *Carnton* *Balto.*

Date of death *1900* Month *April* Day *27* Age *2* Years *9* Months *12* Days

Sex *Female* Color or Race *white* Birth-place *Balto.*

Occupation *None* Where Residing if not at place of death *1117 Second St.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Henry Brecht* Father's Birthplace *Balto.*

Mother's Maiden Name *Anna Welch* Mother's Birthplace *Balto.*

Name of person giving Information *Anna Brecht.* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Convulsions* How long *12 hrs.*

Immediate *Gastro Enteritis* How long *1 yr.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Herbert Schwenrich M.D.*

Address *1013 Carnton St.*

Accident or Suicide *—*

Wt. Camel Cemetery.

April 29th 1910

H. Sandu Taus.

Name
in
Full

Chas & Mamie Brebach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gardenville</u> Town <u>2</u> <u>Bulb</u> County		MARYLAND	
Date of death <u>10</u> <u>Apr</u> Month <u>13</u> Day	Age <u>still</u> Years	<u>born</u> Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <u>Chas Brebach</u>	Father's Birthplace		
Mother's Maiden Name <u>Mamie Thine</u>	Mother's Birthplace		
Name of person giving information <u>Chas Brebach</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature birth (4 months)</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. J. Corne</u>
	Address <u>Gardenville</u>
Accident or Suicide?	<u>no</u>

New Jerusalem Cemetery

Name
in
Full

Catharine Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Woodlawn		^{County} Balto.		MARYLAND	
Date of death	1940	Month	April	Day	5
Age		87		Years	7
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House		Where Residing if not at place of death Woodlawn		
Married, Single or Widowed	Single		Name of Wife or Husband Benjamin Brooks		
Father's Name	Not Known		Father's Birthplace Ind		
Mother's Maiden Name	Not Known		Mother's Birthplace Ind		
Name of person giving information	Mrs. J. Keen		How related to deceased Step Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis	How long	2 weeks
Immediate	Asphyxia	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Lamb M.D.	
Address		1721 N. Payson St.	
Accident or Suicide?		No	

Permission to

3041 W. North Ave.

Wm. Corb

Underlaker

Cathedral Cemetery

Name
in
Full

Florence Edna Bull.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Warren Town Balto. County MARYLAND

Date of death 190 April Month 21 Day 4 Years 9 Months 12 Days

Sex Female Color or Race White. Birth-place

Occupation None Where Residing if not at place of death Warren Ind.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name James A. Bull

Father's Birthplace Ind.

Mother's Maiden Name Sarah Bertha Bull.

Mother's Birthplace Ind.

Name of person giving Information James A. Bull

How related to deceased Father. ✓

CAUSES OF DEATH

Primary

Father in throwing a tree in the woods let it
Fracture of Skull. fall upon her. How long 2 hours.

Immediate

Coma. How long 2 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Wilmer C. Evans M.D.

Cockeysville

Ind.

Accident or Suicide

Accident

PHYSICIAN
OR CORONER

Funeral at Poplar
Cemetery Saturday 23rd.

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hester Bull. County *Bald* MARYLAND

Died at *Fullerton* Town *Bald* County

Date of death *1900 April 19* Month *April* Day *19* Age *58* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Bald. Co.*

Occupation *Servant* Where Residing if not at place of death *—*

~~Married~~, Single *Single* Name of Wife or Husband *—*

Father's Name *James Bull.* Father's Birthplace *Unknown*

Mother's Maiden Name *Jones* Mother's Birthplace *Unknown*

Name of person giving Information *Mrs Burk hart* How related to deceased *None.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage.* How long *12 hrs*

Immediate *Heart Failure.* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Clayton* Address *Overlea Md. 14*

Accident or Suicide *No*



Name
in
Full

Sophia M. Bush.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

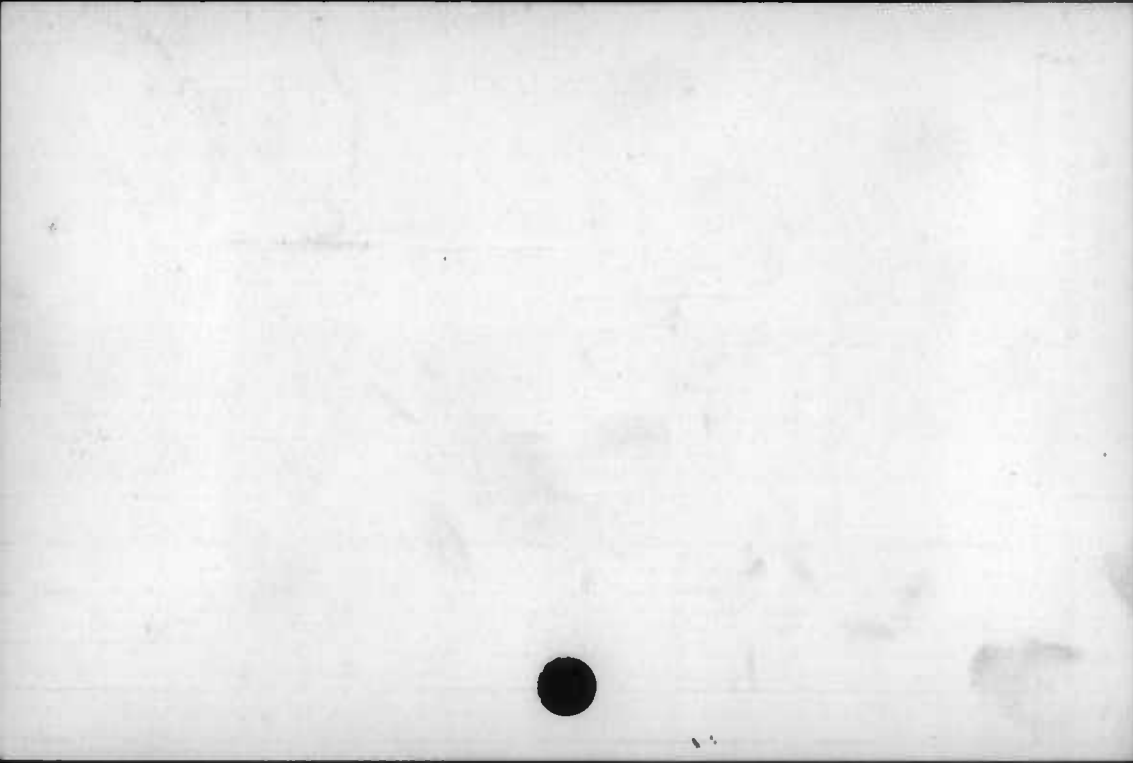
Died at <u>Glyndon</u> ^{Town}		<u>Bales</u> ^{County}			
Date of death	<u>1960</u>	Month	<u>April</u>	Day	<u>1</u>
Age		<u>86</u>	Years	Months	<u>8</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Barnes Co</u>
Occupation	<u>H Keeper</u>		Where Residing if not at place of death <u>Glyndon</u>		
Married, Single or Widowed			Name of Wife or Husband <u>Daniel Bush</u>		
Father's Name	<u>Arthur</u>		Father's Birthplace <u>Arkansas</u>		
Mother's Maiden Name	<u>Arkansas</u>		Mother's Birthplace <u>Arkansas</u>		
Name of person giving information	<u>Melvin Bary</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	<u>Cerebral & Nephritis</u>	How long	<u>5 days</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. R. B. B. B.</u>	
		Address <u>Glyndon</u>	
Accident or Suicide? <u>X</u>		<u>Mar</u>	



Name
in
Full

William Buttner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town First Ave & 16 th at Canton	County Baltimore	MARYLAND			
Date of death	1960	Month April	Day 11 th	Age 6	Months 7	Days	
Sex	Male		Color or Race	White		Birth- place	Balto Co -
Occupation	—		Where Residing if not at place of death				—
Married, Single or Widowed	Child		Name of Wife or Husband				—
Father's Name	Paul R Buttner				Father's Birthplace	Germany	
Mother's Maiden Name	Sophia Beil				Mother's Birthplace	Balto Co -	
Name of person giving Information	Christopher Kerman				How related to deceased	None	

CAUSES OF DEATH

Primary	Rheumatic Fever —	How long	4 weeks
Immediate	Val disease Heart	How long	4 "

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. H. They

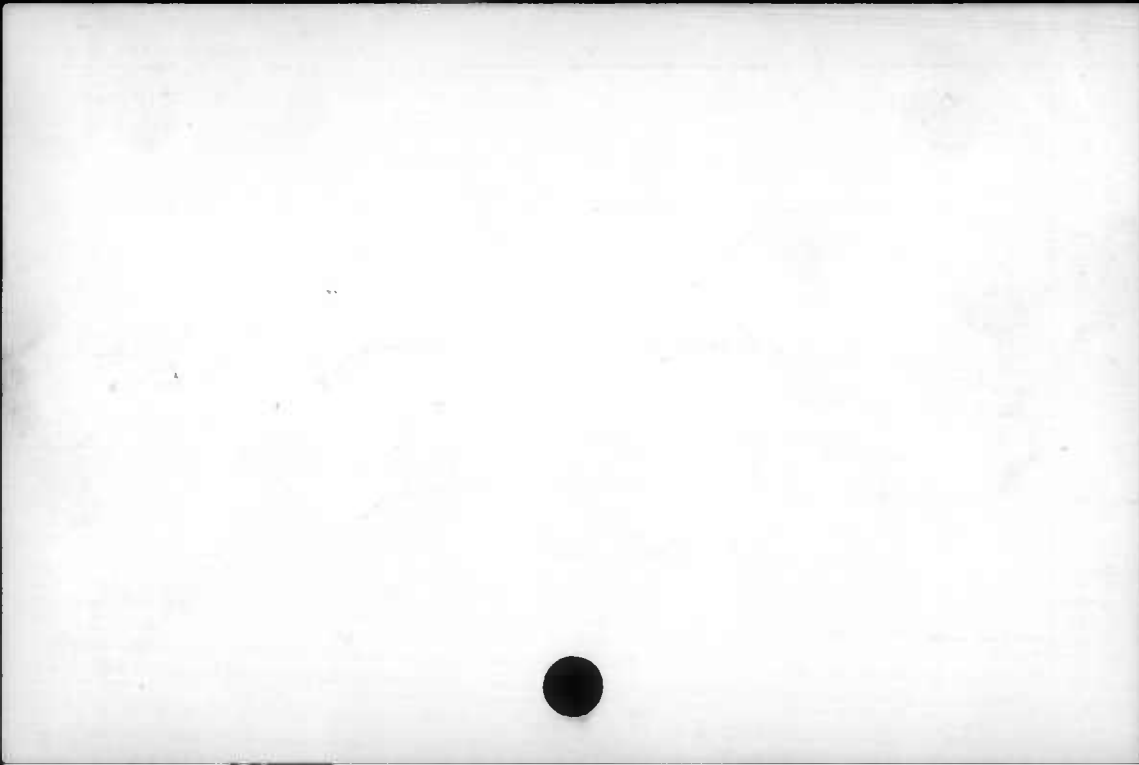
1902 Eastern Ave

Accident or Suicide

J. C. Schuh & Son.

Oak Lawn Cemetery,

April 14-1910,



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bennett R Chalk

Town

County

MARYLAND

Died at *Not Washington**Bolt*

Date

of death 1990

Month

Apr

Day

7

Age

Years

71

Months

10

Days

13

Sex

*male*Color or
Race*white*Birth-
place*#0112 #3*

Occupation

*Mill Employer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*decd. Elizabeth Hildabradle*Father's
Name*John Chalk*Father's
Birthplace*Ind*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Ind*Name of person giving
Information*Horace Chalk*How related
to deceased*son*

CAUSES OF DEATH

Primary

Chrom Bright - Initial Regurg.

How long

2 yrs

Immediate

edema Pulmonary

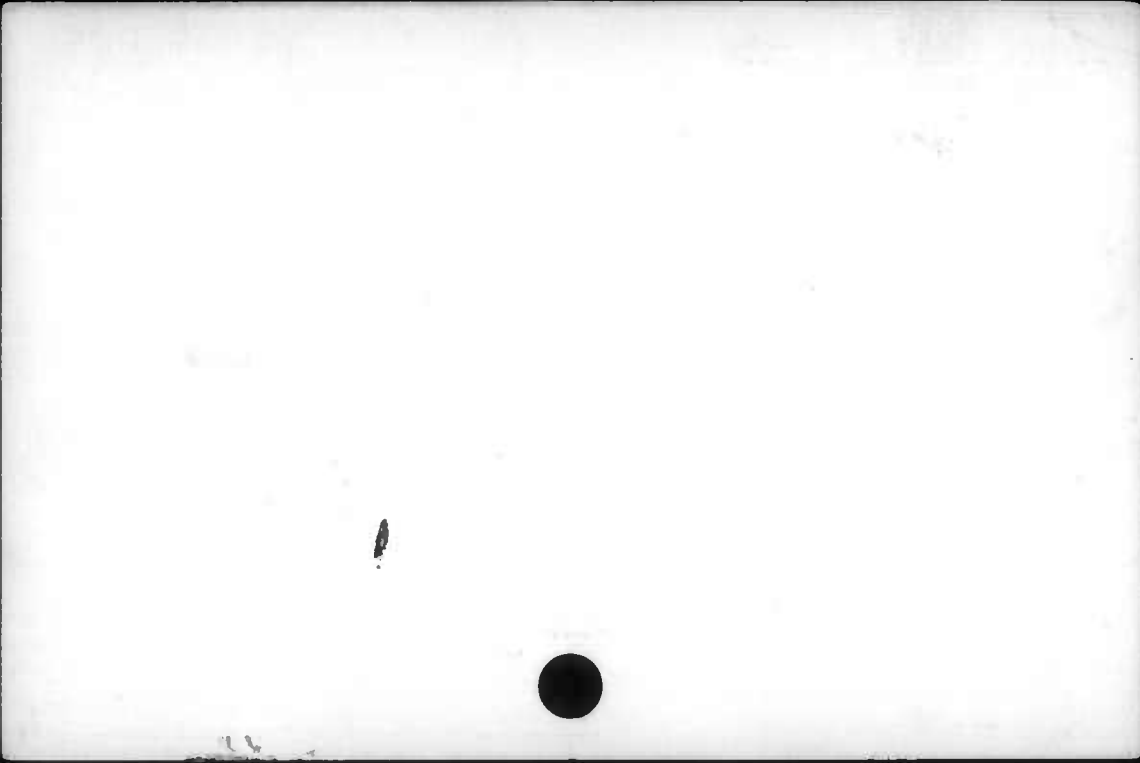
How long

*2 mos*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*C H Beeton*

Address

*Not Washington.*PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Louise Black* County *Balto.*
Died at *Endowment of Blake Hap*
Town *Towson*
Date of death *1960 Apr. 28* Age *37* Months *10* Days
Sex *Female* Color or Race *White* Birth place *Md.*
Occupation *N. Y.* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Wm M. Black.*
Father's Name *Poke Mathews.* Father's Birthplace *Md.*
Mother's Maiden Name *Lucinda Roe.* Mother's Birthplace *Md.*
Name of person giving Information *Wm M. Black* How related to deceased *Husband*

CAUSES OF DEATH

28

Primary *Pulmonary Tuberculosis* How long *4 1/2 yrs.*
Immediate *asthenia* How long *10 days*
Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *F. S. V...*
Address *Blake Hap. Towson Md.*
Accident or Suicide

PHYSICIAN
OR CORONER

Easton Md.
Dec 11/910
Wm. Cook
to E. J. Lathrop

Name
in
FullMary Katherine Cole
M^{rs} Town *Bilboa*
Catonsville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

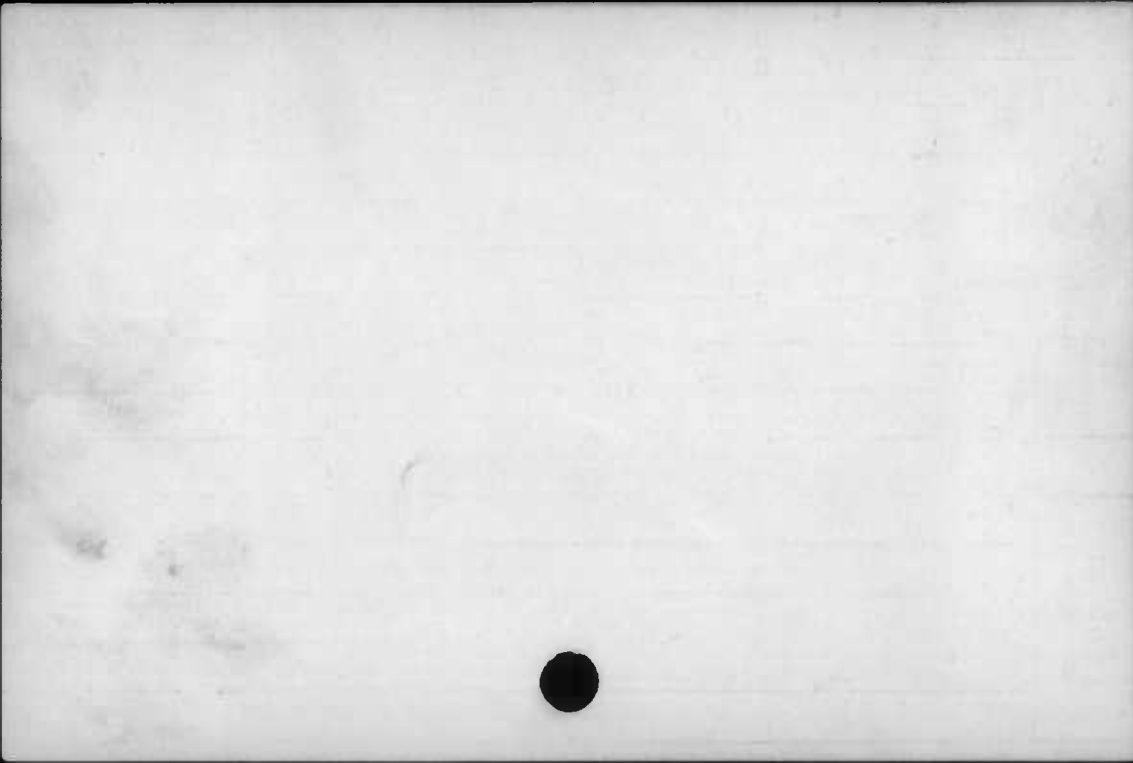
Died at		<i>Balto</i>		County		MAYLAND	
Date of death	1910	Month	<i>April</i>	Day	<i>2</i>	Age	<i>42</i>
Sex	<i>female</i>		Color or Race	<i>Colored.</i>		Birth-place	<i>Balto Co</i>
Occupation	<i>Housework</i>			Where Residing if not at place of death <i>Catonsville Md</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Geo W Cole</i>			
Father's Name	<i>Hessy Henderson.</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Sarah McCaul</i>				Mother's Birthplace	<i>Balto Co</i>	
Name of person giving information	<i>Florence Cook</i>				How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Uterus</i>	How long	<i>6 mos</i>
Immediate	<i>asthenia</i>	How long	<i>1 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Marshall B. West.</i>
		Address	<i>Catonsville Md.</i>
Accident or Suicide?			



Name
in
Full

Infant of Geo. W. Cole + Alberta Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Reisterstown* *Balto* County
MAYLAND
Date of death 19*40* Month *April* Day *15* Age *6 hours*
Sex *Male* Color or Race *white* Birth-place *Near Reisterstown*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Geo. W. Cole* Father's Birthplace *Balto Co*
Mother's Maiden Name *Alberta Dickinson Nipson* Mother's Birthplace *North Carolina*
Name of person giving Information *Geo. W. Cole* How related to deceased *Father*

CAUSES OF DEATH

Primary *Perinatal Birth* *151* ✓
How long *6 hours*
Immediate _____ How long _____

PHYSICIAN
OR CORONER

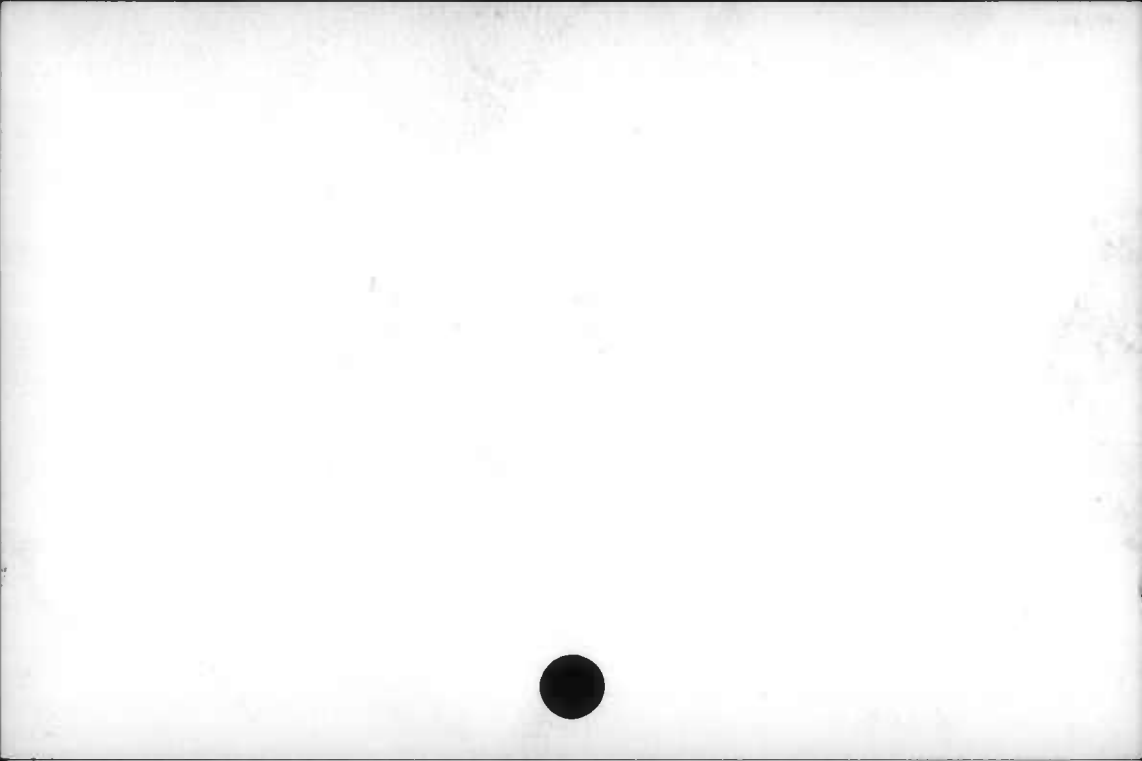
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

J M. [Signature]
Reisterstown



Name
in
Full

Annie B Cooley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

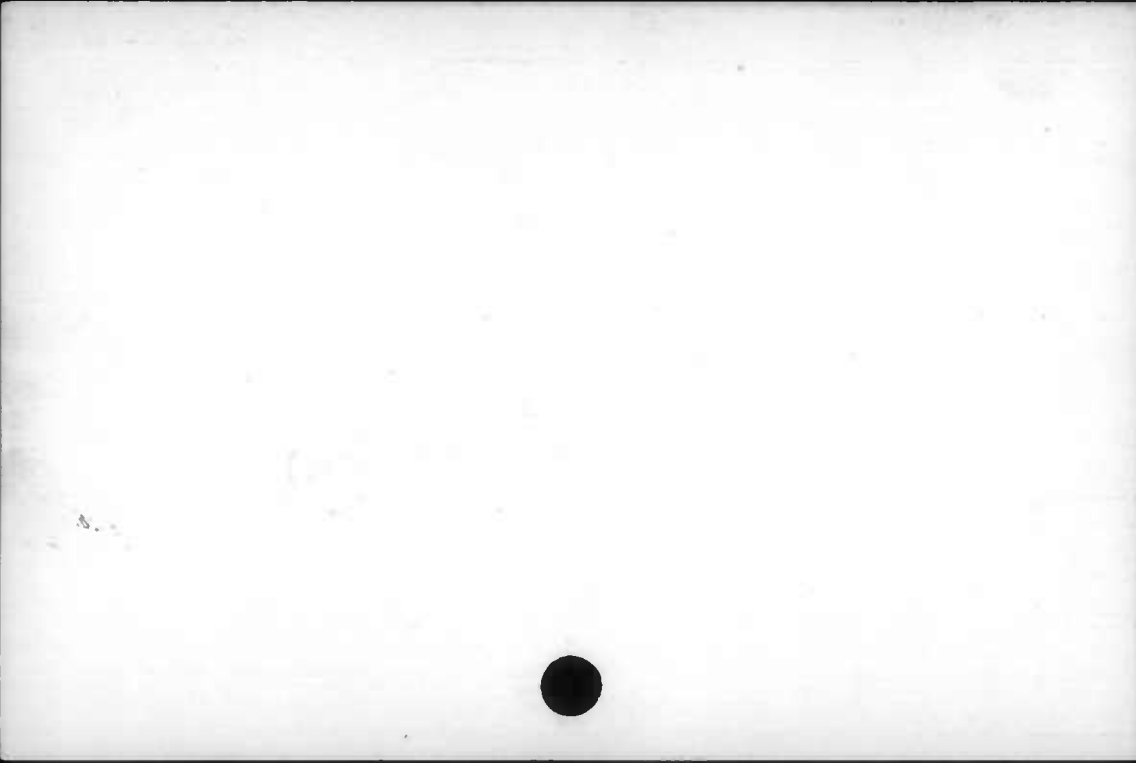
Died at		Town <i>Rossville</i>		County <i>Baile</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>5</i>	Years <i>44</i>	Months <i>0</i>	Days <i>26</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Georgia</i>			
Occupation <i>N.W.</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Robert H Cooley</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Georgia</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Georgia</i>					
Name of person giving Information <i>Robert H Cooley</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Breast</i>	How long <i>18 months</i>
Immediate	<i>Aschemia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W Harrison M.D.</i>
		Address <i>Saunder 18. West Middleburg 15</i>
Accident or Suicide <i>no</i>		



Name
in
Full

Ida Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

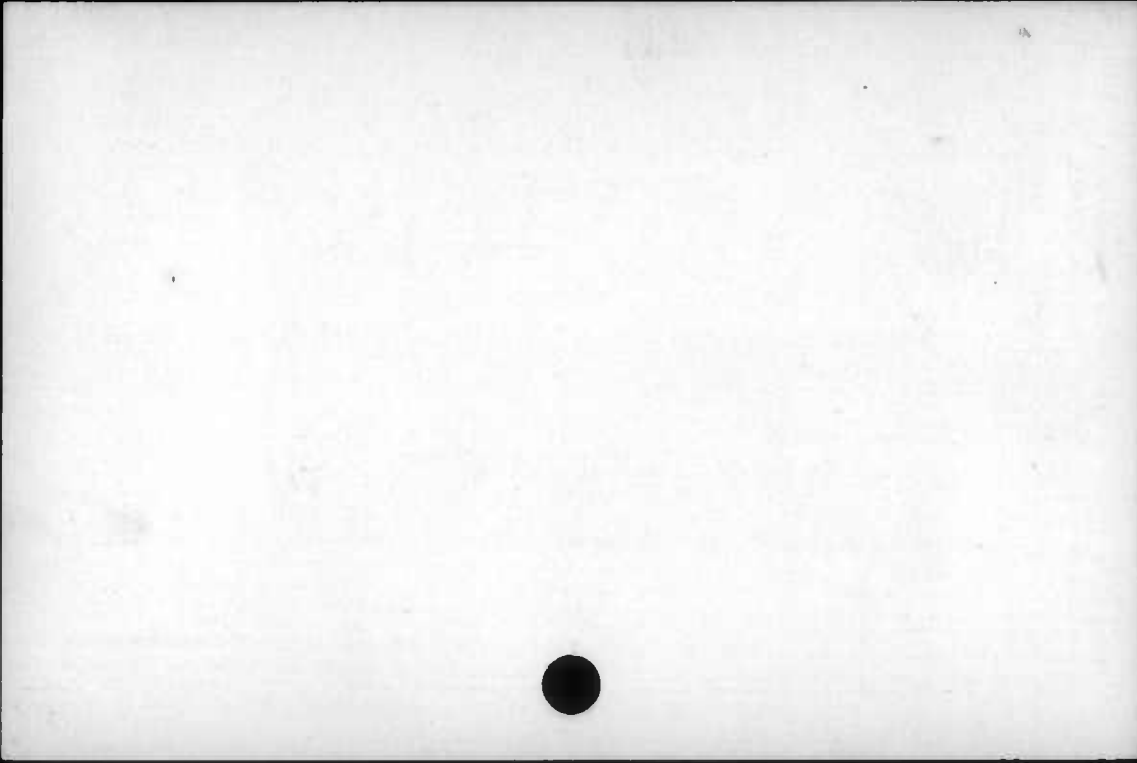
Died at <i>Reisterstown</i>		Town <i>Balto'</i>		County <i>Md.</i>		MARYLAND	
Date of death 19 <i>10</i>	Month <i>April</i>	Day <i>26</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Russia</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Housework</i>					
Name of Wife or Husband							
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 yrs -</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph E. Giesner</i>
	Address <i>15-16 Madison Ave</i>
	<i>Balto' City -</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Edward A. Daugherty

Town

Tobacco

County

MARYLAND

Died at Bloods Hospital

Baltimore

Date

of death 1940

Month

April

Day

14

Years

Age 54

Months

Days

Sex

male

Color or
Race

White

Birth-
place1330 N. Eden St
Balto. Md.

Occupation

Traveling salesman

Where Residing if not
at place of death

1330 N. Eden St

Married, Single
or Widowed

married

Name of Wife or
Husband

Lucy Daugherty

Father's
Name

Unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

Lucy Daugherty

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 yrs.

Immediate

Respiratory Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Josephus A. Wright
Endowed Sanatorium
Lowson Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H. E. Hughes

17. S. Broadway

St Marys - Scranton

Name
in
Full

Mary Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Canton* Town *3410 Joones St* County *Balt*Date of death *1900* Month *4* Day *15* Age *84* Years Months *2* Days *5*Sex *Female* Color or Race *white* Birth-place *Wales*Occupation *None* Where Residing if not at place of death *—*Married, Single or Widowed *Widowed* Name of Wife or Husband *Benj. Davis*Father's Name *David Davis* Father's Birthplace *Wales*Mother's Maiden Name *Don't know* Mother's Birthplace *Wales*Name of person giving information *Margaret Jenkins* How related to deceased *Grand daughter*

CAUSES OF DEATH

*93*PHYSICIAN
OR CORONERPrimary *Pneumonia* How long *10 days*Immediate *Exhaustion* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. W. Jones M.D.*Address *3116 Wilfordmill Rd*Accident or Suicide? *—*

Balto Cemetery

April 17, 1910

Hander Son.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		4	6		—	2	7
Sex	male	Color or Race	White	Birth-place	Baltimore		
Occupation	none			Where Residing if not at place of death	428 S. 1 st St.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Walter S. Davis					Father's Birthplace	Md.
Mother's Maiden Name	Bessie Wilson					Mother's Birthplace	" "
Name of person giving information	Walter S. Davis					How related to deceased	Father

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Accident or Suicide?

Plant
Eastern + Clinton
or. W.

Cambridge Md.

Herrig & Son

4/7/10

Name
in
Full

Day, (Infant of Sam. Day's)

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} near Trump

County

Date

of death 1960

Month

Apr.

Day

4

Years

Age

Months

2

Days

10

Sex

Male

Color or
Race

White -

Birth-
place

Baltimore Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Samuel Day

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Loma Krofut

Mother's
Birthplace

" " "

Name of person giving
Information

Grace Hunt

How related
to deceased

Neighbor

CAUSES OF DEATH

29

V

Primary

Tubercular Peritonitis

How long

Immediate

Ascites

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

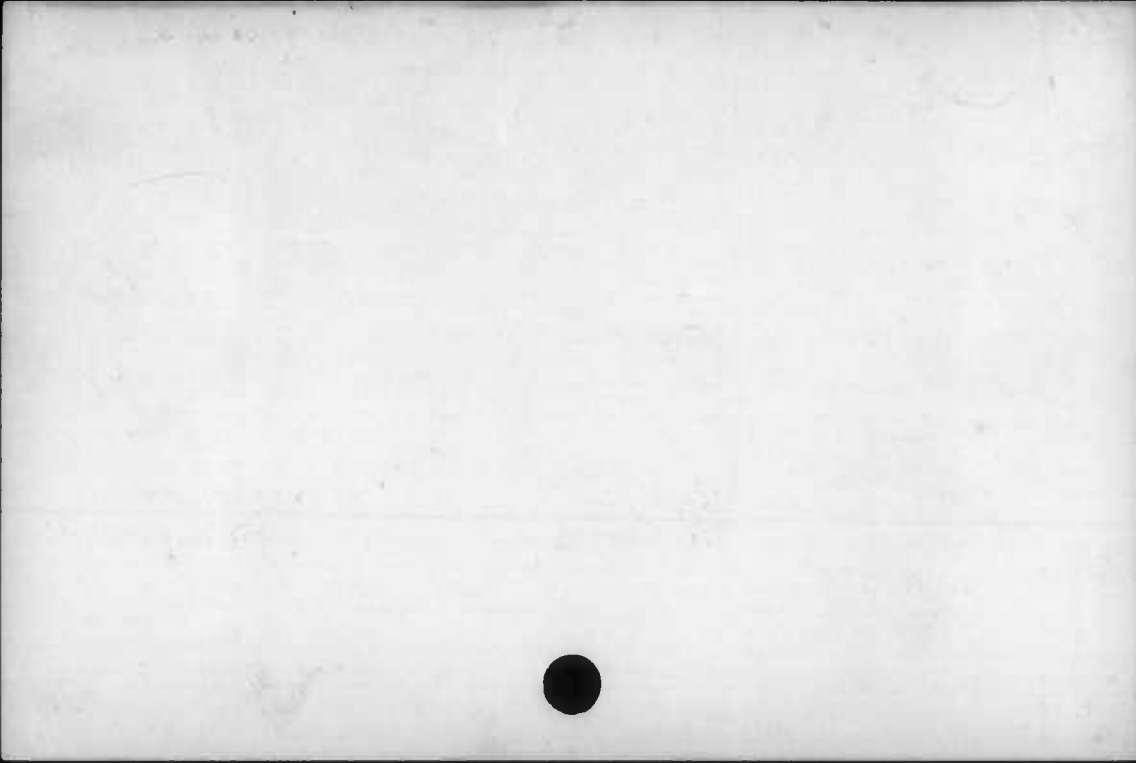
Signature of
Physician

Address

J. Nelson Darnick
Stewartstown, Pa.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

St Mary Ottillia Donahue

Town

County

Died at Killin Marin Notch Cliff Baltimore

MARYLAND

Date

of death

1960

April

30

Age

5-5

Months

Days

Sex

Female

Color or Race

White

Birth-place

Manchester England

Occupation

House work

Where Residing if not at place of death

Married, Single
~~or Widowed~~

Name of Wife or Husband

Father's Name

Thomas Donahue

Father's Birthplace

Manchester England

Mother's Maiden Name

Catherine Murphy

Mother's Birthplace

Manchester England

Name of person giving Information

St Mary Donahue

How related to deceased

not at all

CAUSES OF DEATH

Primary

Organic heart disease

How long

Two years

Immediate

Nephritis

How long

One week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John S. Green,
Sittings,
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

A. Fink & Sons.

Funeral Directors

Notch Cliff Private
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Donaldson, Thomas* Town *Heatonsville* County *Baltimore* MARYLAND
Died at
Date of death *1940* Month *April* Day *3* Age *62* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *None* Where Residing if not at place of death ☒
Married, Single or Widowed *Single* Name of W.ife or Husband *X*
Father's Name *Thomas Donaldson* Father's Birthplace *Baltimore, Md*
Mother's Maiden Name *Mary E. P. Dorsey* Mother's Birthplace *Balto. Co. Md*
Name of person giving Information How related to deceased

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Terminal Dementia* How long *30 yrs -*
Immediate *Chronic Bright's Disease* How long *3 mos -*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Percy Wade*
Address *Heatonsville, Md*
Accident or Suicide *No*

W J Ticknor & Sons
Elkridge Landing.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Margaretta L. Douglass

Town

County

Died at Catonsville

Baltimore

MARYLAND

Date

of death

1940

Month

April

Day

24

Age

Years

80

Months

11

Days

Sex

Female

Color or
Race

White

Birth-
place

U.S.

Occupation

Ladys

Where Residing if not
at place of death

Catonsville

Married, Single
or WidowedName of Wife or
Husband

George L. Douglass

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

..

Mother's
Birthplace

..

Name of person giving
Information

A. T. Gundry

How related
to deceased

Physician

CAUSES OF DEATH

Primary

Senility

How long

(64) ✓

Years

Immediate

Cerebral Hemorrhage

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

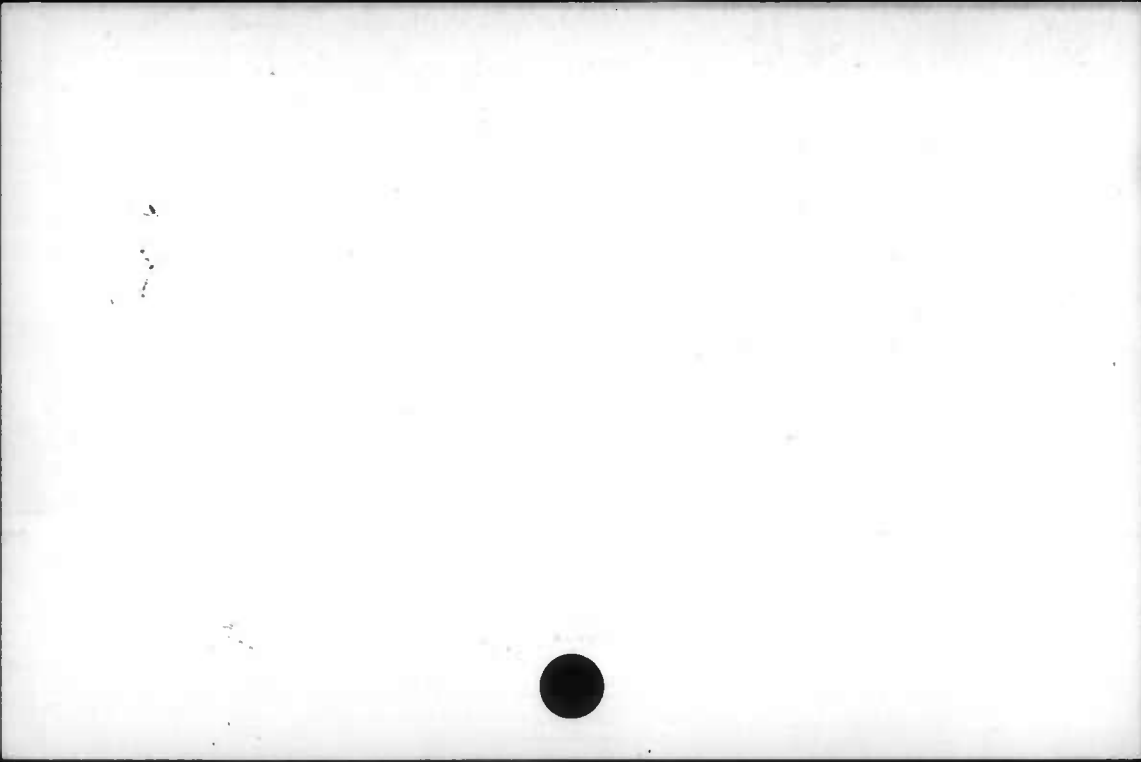
Alfred J. Gundry M.D.

1404 Catonsville, Md

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant of Geo. E. and Margaret Dressel

TO BE ANSWERED BY
NEAREST FRIEND.

Died at <u>Hamilton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	190	Month	April	Day	18
Age	Years		Months		Days
Sex	Female		Color or Race	White	
Occupation			Birth-place	Md.	
			Where Residing if not at place of death		

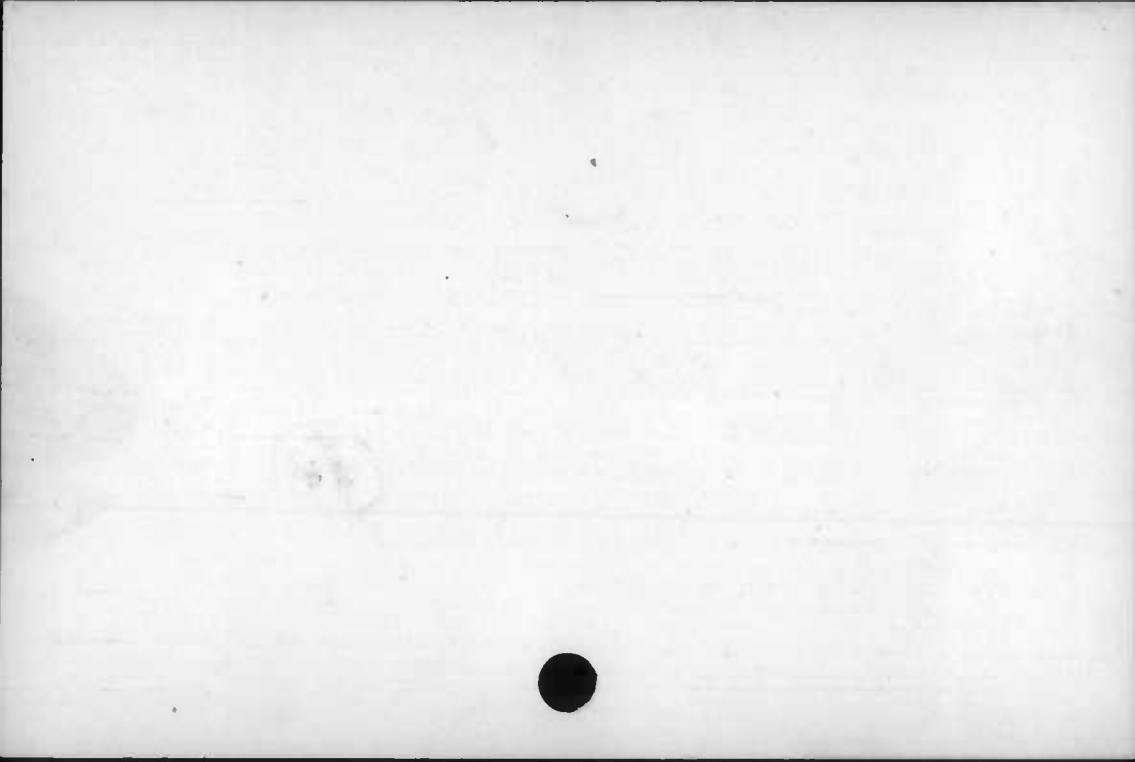
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	George E. Dressel		Father's Birthplace	Md.	
Mother's Maiden Name	Margaret Beckman		Mother's Birthplace	Md.	
Name of person giving information	George E. Dressel		How related to deceased	Father	

CAUSES OF DEATH

Primary	Still Birth	How long	Sw
Immediate		How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Mrs Martha Steenburg	
	Address	1517 E. Preston St.	
		Balto. Md	
Accident or Suicide?			



Name
in
FullSimon
Samuel Ecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Govan's town Baltimore County MARYLAND

Date of death 1900 April 9 9 53 7 7 7

Sex Male Color or Race white Birth-place Germany

Occupation Oil Dealer Where Residing if not at place of death Woodbourne Ave

Married, Single Widow Name of Wife or Dora Ecker

Father's Name Jos. Ecker Father's Birthplace Germany

Mother's Maiden Name don't know Mother's Birthplace "

Name of person giving information Dora Ecker How related to deceased Wife

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary Tuberculosis of Throat How long 1 year

Immediate Exhaustion How long 1 month

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. H. Duncan

Address Govan's town

Accident or Suicide? no

St Mary's Cemetery
Govan

April 13/10

H. C. Wiedefeld

914 Greenmount Ave

opposite Springes.

Greenmount Road, New York

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Elliott

Died at *Mt. Carmel* Town *Baltimore* County *MARYLAND*

Date of death *1910 April 11* Month *April* Day *11* Age *59* Years *10* Months *10* Days

Sex *male* Color or Race *white* Birth-place *White Hall, Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Bacon Elliott*

Father's Name *Thomas A. Elliott* Father's Birthplace *Balto. Co. Md.*

Mother's Maiden Name *Nancy Bradenbaugh* Mother's Birthplace *Harford Co. Md.*

Name of person giving Information *Mary Bacon Elliott* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

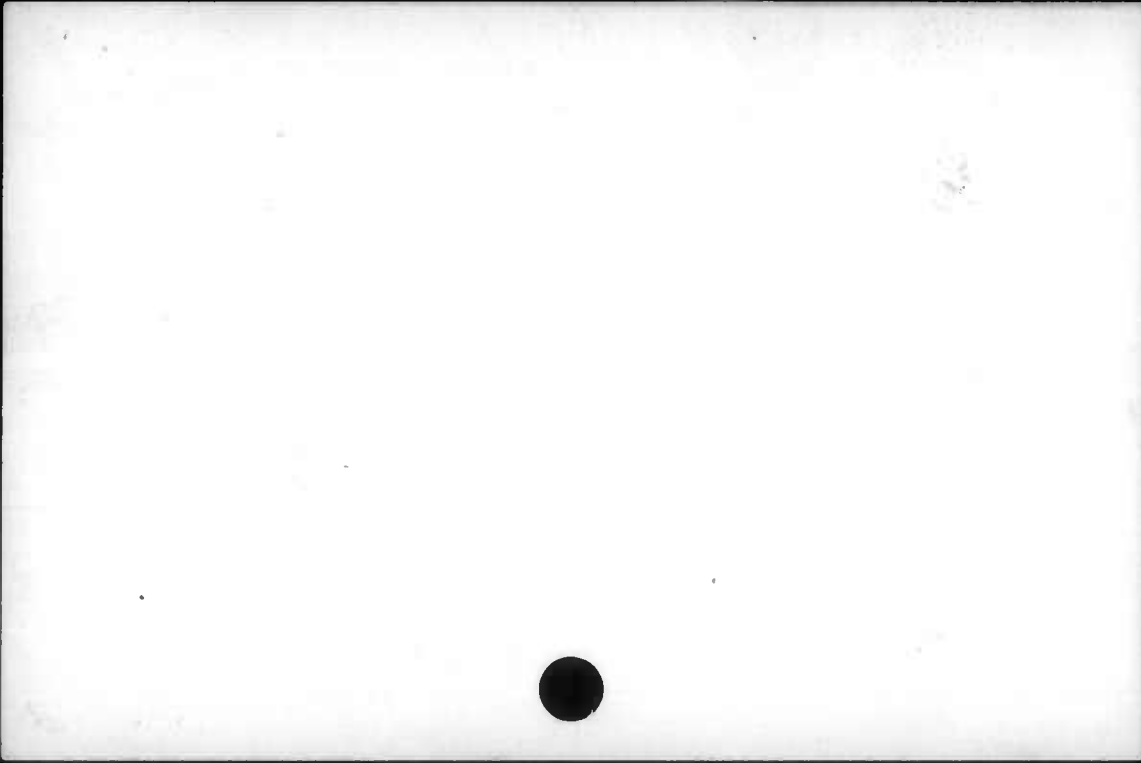
Primary *Acute Inflammatory Pneumonia* How long *2-3 weeks*

Immediate *Pericarditis* How long *1-2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. B. Mitchell* Address *Mounton, Md.*

Accident or Suicide



Name
in
Full

Magdalena Endress

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Grange</i>		County <i>Balto</i>		MARYLAND	
Date of death	1910	Month <i>4</i>	Day <i>18</i>	Age <i>81</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Germany</i>
Occupation	<i>None</i>			Where Residing if not at place of death <i>Eastern Ave Road</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>George Endress</i>			
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving Information	<i>John Endress</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>-</i>
Immediate	<i>Exhaustion</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. Warner M.D.</i>	
		Address	
		<i>320 Highland Ave</i>	
Accident or Suicide?			
<i>no</i>			

Mr Carmel Kern

Herrington

4/20/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margie E. Erbeck.

Died at *Highington* Town *Ind.* County

Date of death *Apr 19 1910* Month *Apr* Day *1* Age *4* Years Months *11* Days *15*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation _____ Where Residing if not at place of death *3421 Mt Pleasant*

Married, Single or Widowed *Single* Name of Wife or Husband *J. A. Erbeck & Lora Erbeck*

Father's Name *John A. Erbeck* Father's Birthplace *Ind.*

Mother's Maiden Name *Lora Smith* Mother's Birthplace *Ind.*

Name of person giving information *John A. Erbeck* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Croup* How long *2 days*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. S. Warner*

Address *320 Highland*

Accident or Suicide? _____

W^m Cook.
502 E North

* Oak Lawn Cem

Tuesday April. 3rd 1910.
at 3 Pm

Name
in
Full

None (Fallon)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
M Washington		Baltimore			
Date of death	1900	Month	April	Day	11
Age		Still born		Years	
Sex	Female	Color or Race	white	Birth-place	M Washington
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
single					
Father's Name	Thomas D Fallon			Father's Birthplace	Baltimore Md
Mother's Maiden Name	Mary Agnes Ryan			Mother's Birthplace	M Washington
Name of person giving information	Thomas D Fallon			How related to deceased	Father

PHYSICIAN
OR CORONER

(9th District.)

CAUSES OF DEATH

Primary	Immature birth. Still born	How long	8
Immediate	About six and half months gestation	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	William J Todd
		Address	M Washington
Accident or Suicide?			

Chas. F. Evans
St. Mary's Cemetery
Granston

Name
is
Full

Baby Ford.

CERTIFICATE OF DEATH

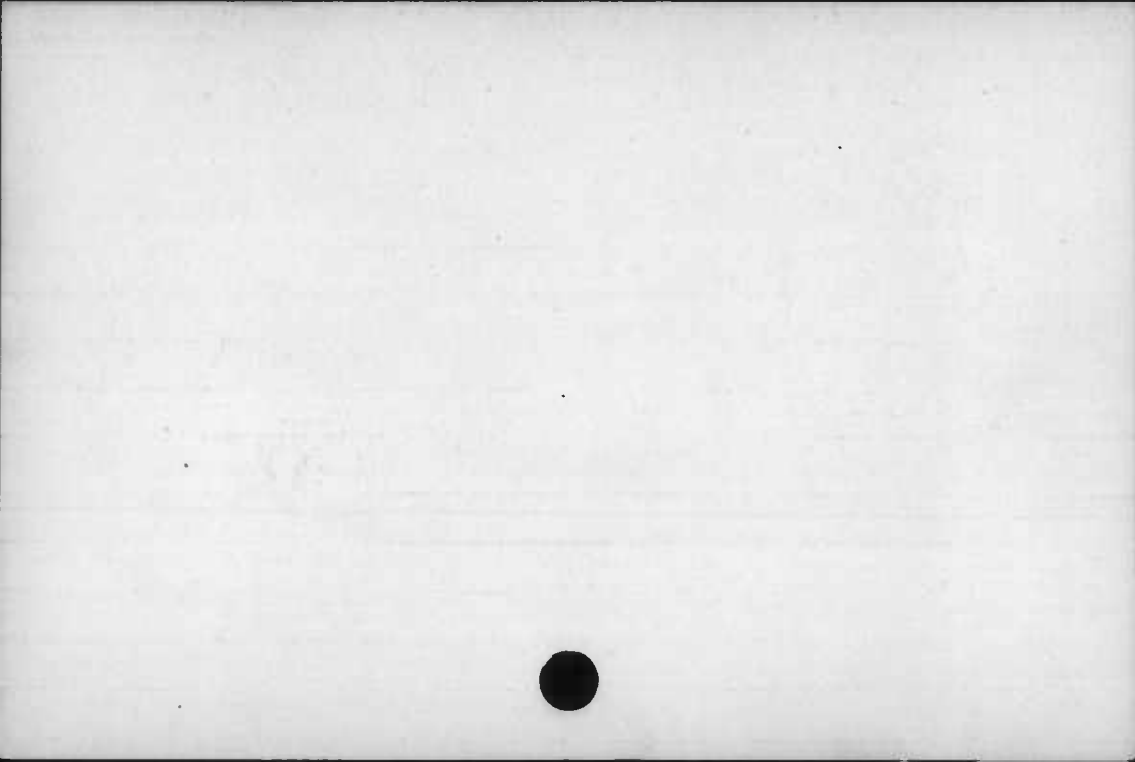
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Catonsville</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	<i>1910</i>	^{Month} <i>April</i>	^{Day} <i>14</i>	^{Years} <i>9 mos</i>	^{Months} <i>in Utero</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Catonsville</i>
Occupation	<i>none</i>		Where Residing If not at place of death <i>Catonsville</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Chas Young</i>			Father's Birthplace	<i>Howard Co</i>
Mother's Maiden Name	<i>Ratchelle Ford</i>			Mother's Birthplace	<i>Catonsville</i>
Name of person giving information	<i>Francis Haniday</i>			How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born.</i>	How long	
Immediate	<i>9 mos in Utero.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Marshall B. West.</i>
		Address	<i>Catonsville Ind.</i>
Accident or Suicide?			



Name
in
Full

Katherina Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>6</i>	Age <i>75</i>	Years	Months <i>9</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Larry Frank</i>					
Father's Name <i>John Pabst</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Not Known</i>				Mother's Birthplace <i>Not Known</i>			
Name of person giving information <i>Mary Beck</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

(92) ✓

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>20 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. Warner MD</i>	
<i>Yes</i>		Address <i>321 Highland</i>	
Accident or Suicide? <i>W</i>			

Baltimore Cemetery ✓
April 10/10
H. Sander & Sons

Dr. Hanner

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Elizabeth Forest Frankensfeld

Died at *Cockeysville* ^{Town} *Balto* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *April* ^{Day} *4* ^{Years} *62* ^{Months} *10* ^{Days} *5*

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, ~~Single~~ *Married* Name of Wife or ~~Husband~~ *John Wesley Frankensfeld*

Father's Name *Robert Richmond* Father's Birthplace *Corluka, Scotland*

Mother's Maiden Name *Sarah Graves* Mother's Birthplace *Corluka, Scotland*

Name of person giving information *J. W. Frankensfeld* How related to deceased *Husband*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *Unknown*

Immediate *Oedema of lungs* How long *over one half day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. S. Burman* Address *Cockeysville Md*

Accident or Suicide? *No*

Funeral at Ashland

Wednesday 6th

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> Town		County <u>Balt</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>April</u>	Day <u>3</u>	Age <u>—</u> Years	Months <u>6 1/2</u>	Days <u>Micro-Examination</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Balt Co.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Michael Fischer</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Theresa Fischer</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Theresa Fischer</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Not Known. Still Birth</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>D.W. Jones</u>	
		Address <u>3116 Edmonson St</u>	
Accident or Suicide? <u>—</u>			

Joe J. Neer

1914 E. Fayette st.

S.D. Alphonse ben

April 3/1910

Name
in
Full

Freeland - Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hammond Park</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1960 Apr 1</i>	Month <i>Apr</i>	Day <i>1</i>	Age <i>Still Born</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Med</i>		
Occupation <i>---</i>			Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>---</i>			Name of Wife or Husband <i>---</i>		
Father's Name <i>Edgar Freeland</i>			Father's Birthplace <i>Med</i>		
Mother's Maiden Name <i>Carrie M. Stabler</i>			Mother's Birthplace <i>Med</i>		
Name of person giving information <i>Edgar Freeland</i>			How related to deceased <i>---</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tamain of Card (P.B. 9 months)</i>	How long <i>9 months</i>
Immediate <i>Still born</i>	How long <i>---</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Surinck</i>
<i>Yes</i>	Address <i>West D. Avenue Park</i>
Accident or Suicide?	

arms to my

Elkridge

Name
in
Full

Evelyn A. Froehlich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton ^{Town} Baltimore ^{County} MARYLAND

Date of death 1940 ^{Month} 4 ^{Day} 19 ^{Years} — ^{Months} 9 ^{Days} 11

Sex Female Color White Birth-place Md.

Occupation — Where Residing ~~at~~ at place of death 3211 Elliott St.

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband

Father's Name George W. Froehlich Father's Birthplace Md.

Mother's Maiden Name Emma L. Nitscher Mother's Birthplace Md.

Name of person giving information Emma L. Froehlich How related to deceased Mother

CAUSES OF DEATH

71 ✓

PHYSICIAN
OR CORONER

Primary Convulsions

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

Mt. Carmel Cemetery
April 21-1910

Girkler and Girkler
1739 E. Eager St.

Name
in
Full

Innu C. Sable

CERTIFICATE OF DEATH

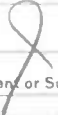
TO BE ANSWERED BY
NEAREST FRIEND

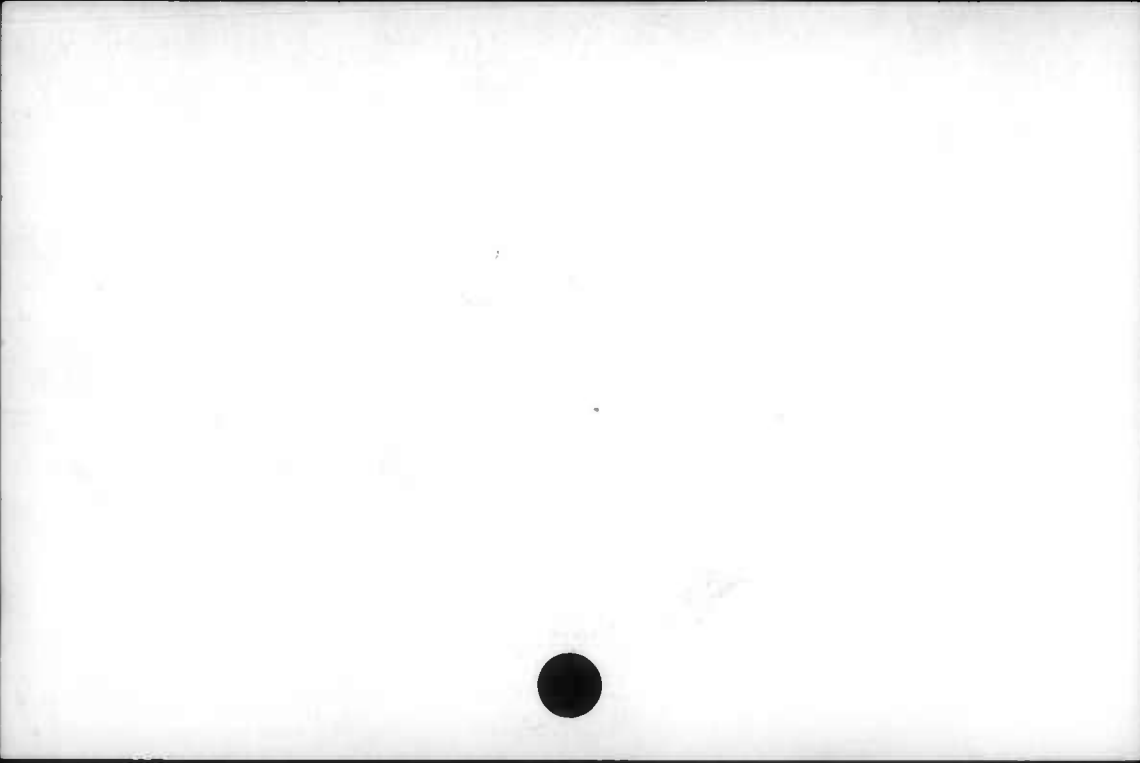
Died at		Town		County		MARYLAND	
1st Hope Kermah		Baltimore					
Date of death	Month	Day	Age	Years	Months	Days	
1970	April	16 th	31		Not known	Not known	
Sex	Female	Color or Race	White	Birth-place	Baltimore	Cincinnati Ohio.	
Occupation	None	Where Residing if not at place of death		Baltimore Md.			
Married, Single or Widowed	Name of Wife or Husband		Geo. A. Sable				
Father's Name	not known		Father's Birthplace				
Mother's Maiden Name	"		Mother's Birthplace				
Name of person giving Information	Richd. 1st Hope Kermah		How related to deceased				
			Not at all.				

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Cerebral Congestion & Epilepsy	How long	abt 5 or 6 wks
Immediate	Ex Toxic Uræmia	How long	abt 1 wk
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Flannery
		Address	1st Hope Kermah Md Hope Md
Accident or Suicide			



Name
in
Full

Albert W. Gerkens

CERTIFICATE OF DEATH

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death	1918	Month 4	Day 6	Age 3	Years	Months 2	Days —
Sex	Male		Color or Race	White		Birth- place	Baltimore
Occupation	none			Where Residing if not at place of death 3425 Leaverton Ave			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	John Gerkens					Father's Birthplace	Germany
Mother's Maiden Name	Lora Genter					Mother's Birthplace	" "
Name of person giving Information	John Gerkens					How related to deceased	Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

901^v

PHYSICIAN OR CORONER	Primary	Congestive Lung		How long	Don't know
	Immediate	Hypostatic Pneumonia		How long	Don't know
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. A. Sudler M.D.		
			Address 3425 Leaverton St		
Accident or Suicide?					

Sunder

Oak Lawn

Hewittson

4/8/10

Name
in
Full

Infant of Albert & Nellie Gill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pikesville</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	Month <u>4</u>	Day <u>9</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pikesville, Md.</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>Pikesville Md.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Albert Gill</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Nellie Moran</u>	Mother's Birthplace <u>Bald. City</u>				
Name of person giving Information <u>Albert Gill</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>None Known</u>	How long <u>Unknown</u>
Immediate <u>Still-born</u>	How long <u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W H Campbell</u>
	Address <u>Cowans Mills, Md.</u>
Accident or Suicide	

J. H. Chap

Baptist Cemetery
Pikeville

Name in Full *Elise Reguardt Goodrich*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Palmdale</i> Town		County		MARYLAND	
Date of death	<i>1910</i>	Month <i>Apr</i>	Day <i>12</i>	Age <i>2</i>	Years <i>7</i>
Sex <i>Female</i>	Color or Race <i>American</i>		Birth-place <i>City</i>		
Occupation <i>✓</i>	Where Residing if not at place of death <i>10 Melvale ave</i>				
Marrried, Single or Widowed	Name of Wife or Husband <i>Alfred S. & Alice A. Goodrich</i>				
Father's Name <i>Alfred S. Goodrich</i>	Father's Birthplace <i>Indiana Ill</i>				
Mother's Maiden Name <i>Alice A. Reguardt</i>	Mother's Birthplace <i>City</i>				
Name of person giving information <i>John F. Reguardt</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>John Schubert</i>
	Address <i>839 N. Euclid St. 9</i>
	<i>Baltimore Md</i>
Accident or Suicide? <i>✓</i>	

Wm J Schilling
Undertaker

Interment at
London Park Bur
Apr 14/10

Name
in
Full

Ella E. Grace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govanstown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>April</i>	Day <i>1</i>	Age <i>60</i>	Years <i>2</i>	Months <i>4</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>503 Rossiter Ave.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph A. Grace</i>				
Father's Name <i>George R. Carson</i>	Father's Birthplace <i>Md.</i>				
Mother's Marden Name <i>Susan Covey</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving In formation <i>Jos. A. Grace</i>			How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. M. Duncan</i>
	Address <i>Govanstown Md.</i>
Accident or Suicide? <i>2</i>	

H. Samuel Jones.

Oshtemo County,
Iowa
April 23rd 1918

Mr. Duncan

Name
in Full

Walter Thomas J. Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Grange Baltimore MARYLAND
 Date of death 1900 April 9 Age 80 Months 7 Days 8
 Sex Male Color or Race White Birth-place Maryland
 Occupation Farmer Where Residing if not at place of death
 Married, Single or Widowed Widowed Name of ~~Widow~~ Husband Henriette Jones Gray
 Father's Name James J. Gray Father's Birthplace W.D.
 Mother's Maiden Name Bessie Parker Mother's Birthplace W.D.
 Name of person giving information Mrs James J. Gray How related to deceased Mother

CAUSES OF DEATH

53

PHYSICIAN
OR CORONER

Primary Inf. Pleuropneumonia Hemorrhagic How long 7 months
 Immediate Lymphatic leukemia How long 2 months
 Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician J. C. Eldred M.D.
 Address Shinn's Point Md
 Accident or Suicide

Oak Lawn

April 12th 1910

H. Sander & Sons

Name in Full		Leah Groot				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Rolan Park		Baltimore		MARYLAND	
	Date of death		190	Month April	Day 10	Age 26	Months	Days
	Sex		F		Color or Race wh		Birth-place Balt. Md.	
	Occupation		Housewife		Where Residing if not at place of death		At home	
	Married, Single or Widowed		Name of Wife or Husband Alexander G. Groot					
	Father's Name		Louis Cohen				Father's Birthplace Russia	
	Mother's Maiden Name		Fanny Cohen				Mother's Birthplace Russia	
	Name of person giving information		Sol Levinson				How related to deceased Friend	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long ?	
	Immediate		Osteemia				How long one month	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. Wolman, M.D.	
					Address		2101 Brookfield Ave.	
	Accident or Suicide?		No					

Max Linson

1620 Mc Elderry st.

Hebrew Herring Run Cemetery
Roland Ave near the
Water Tower.

Name
in
Full

William H. Gumpman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

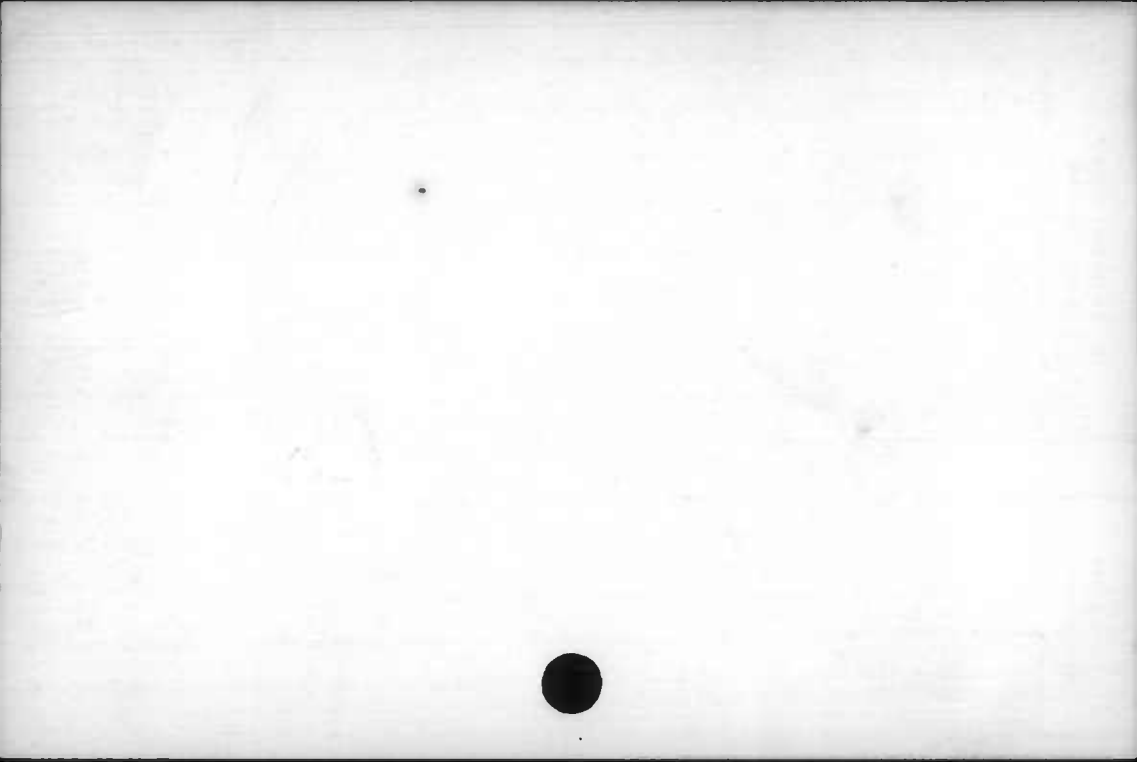
Died at		Town		County		MARYLAND	
West Ailington		Baltimore					
Date of death	19	Month	Day	Age	Years	Months	Days
19	10	April	28	21			28
Sex	Male		Color or Race	White		Birth-place	Baltimore City
Occupation	Stenographer		Where Residing if not at place of death				
Maid, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Gumpman					Father's Birthplace	Balto, City
Mother's Maiden Name	Augusta Gore					Mother's Birthplace	Germany
Name of person giving Information	Henry Gumpman					How related to deceased	Father

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	Staphylococcus infection of chin and frontal sinuses	How long	1 week
Immediate	Cardiac arrhythmia	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Smith
Yes		Address	West River Park Md.
Accident or Suicide			



Name
in
Full

Mary Marguret Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Fort Howard		Balto			
Date 1910	Month	Day	Years	Months	Days
of death 190	April	10	Age ---	3	13
Sex Female	Color or Race White		Birth-place Ft. Howard, Md		
Occupation None.		Where Residing if not at place of death -----			
Married, Single or Widowed	Infant --	Name of Wife or Husband -----			
Father's Name	Jacob Hahn		Father's Birthplace Hampton, Va.		
Mother's Maiden Name	Ida Hodges		Mother's Birthplace Portsmouth, Va.		
Name of person giving Information	Jacob Hahn		How related to deceased Father		

CAUSES OF DEATH

99

✓

PHYSICIAN
OR CORONER

Primary	Lobar pneumonia.	How long	4 days.
Immediate	Cadiac failure.	How long	?
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. James D. Kerr, U.S.A.	
Yes.		Address Fort Howard, Maryland.	
Accident or Suicide			

15



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

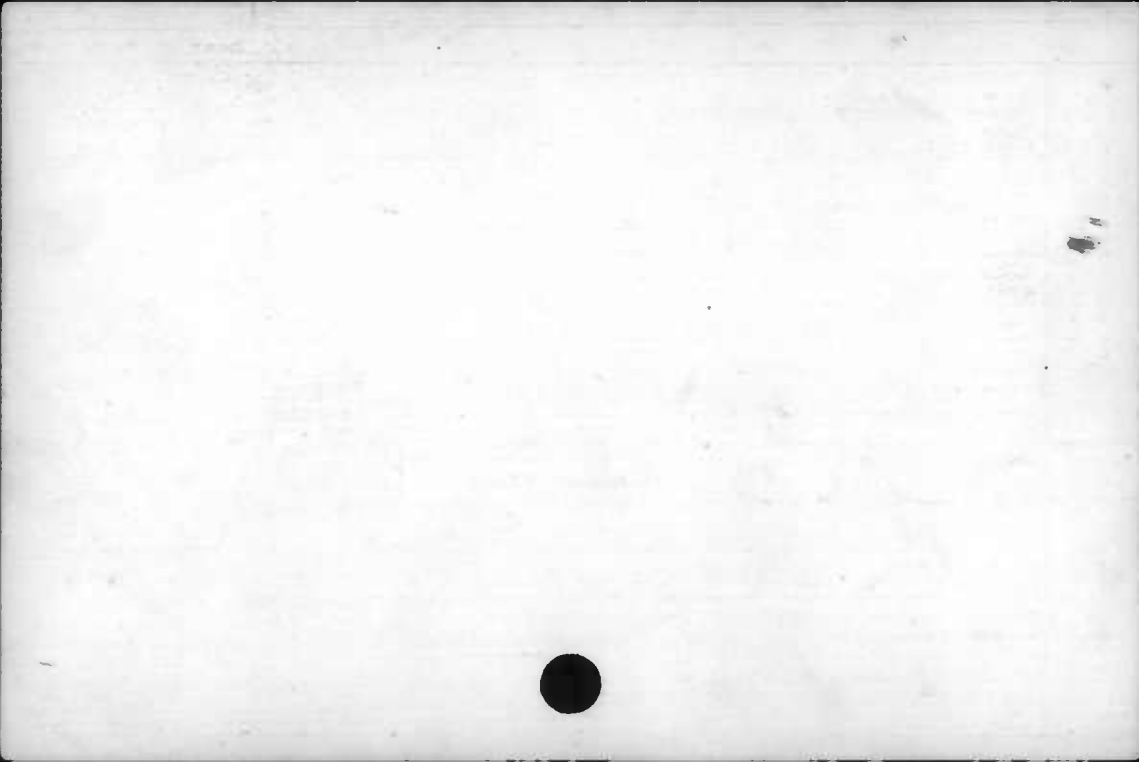
Died at <i>Boring</i>		Town <i>Boring</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1900</i>		Month <i>4</i>	Day <i>3</i>	Age <i>66</i>	Years	Months <i>4</i>	Days <i>9</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas. T. Harvey</i>					
Father's Name <i>Henry Brown</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah Laceyway, Harrie</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Chas. T. Harvey</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Witter M.D.</i>	
		Address <i>Farmblieburg 3, Maryland</i>	
Accident or Suicide			



Name
in
Full

Better Hankins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

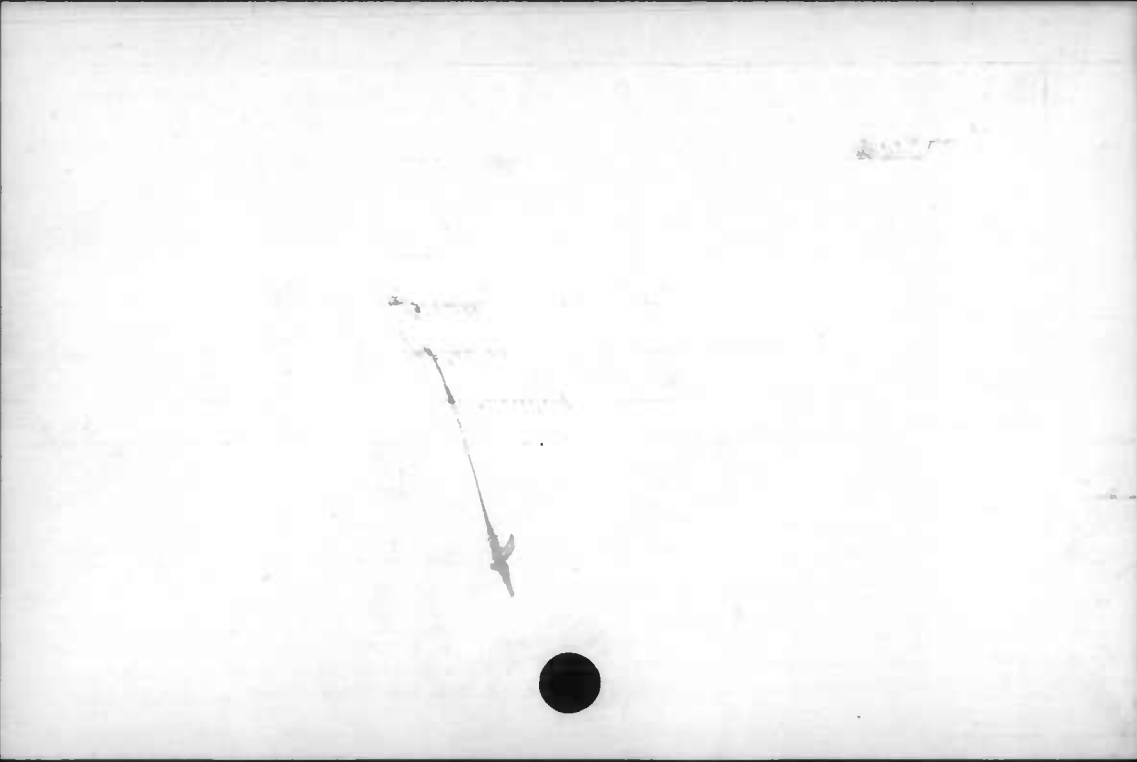
Died at <i>Spanish Point.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>April</i>	Day <i>10</i>	Age <i>Unknown</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Virginia</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single, or Widowed <i>Single</i>	Name of Wife or Husband <i>George Hankins</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Calvin Wilson</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Burdenitis</i>	How long <i>4 days.</i>
Immediate <i>Secretarial Hemorrhage</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>F. C. Eldred - M.D.</i>
<i>[Signature]</i>	Address <i>Spanish Point</i>
<i>[Signature]</i>	<i>Red</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1980

Month

April

Day

24

Age

Years

80

Months

3

Days

c

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

Mt Winans Bldg

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John Heaffner

Father's
Name

c Unknown

Father's
Birthplace

Germany

Mother's
Maiden Name

c Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

George Heaffner

How related
to deceased

Son

CAUSES OF DEATH

154

✓

PHYSICIAN
OR CORONER

Primary

old age

How long

6 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Hall

Address

Mt Winans

Accident or Suicide?

Joseph Jordent son
London Park,

Name
In Full

Jettison Conrad Heise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Reisterstown ^{County} Baltimore MARYLANDDate of death 1900 ^{Month} Apr. ^{Day} 9 ^{Years} Age ^{Months} ^{Days} 2

Sex Male Color or Race white Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Infant Name of Wife or Husband

Father's Name August Heise Father's Birthplace Baltimore

Mother's Maiden Name Clara Cook Mother's Birthplace Baltimore

Name of person giving Information August Heise How related to deceased Father

CAUSES OF DEATH

Primary Central Hemorrhage How long 64 2 days &

Immediate Convulsions How long 12 hours

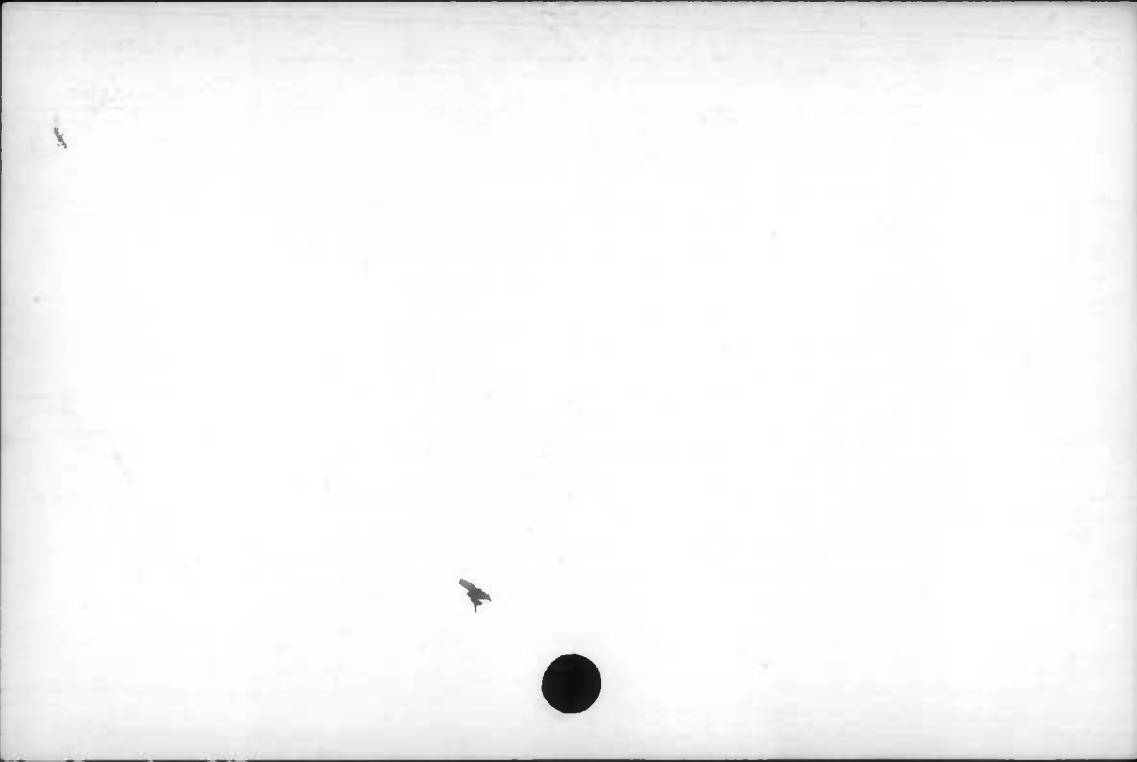
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Leonard Leonard Henderson

CERTIFICATE OF DEATH

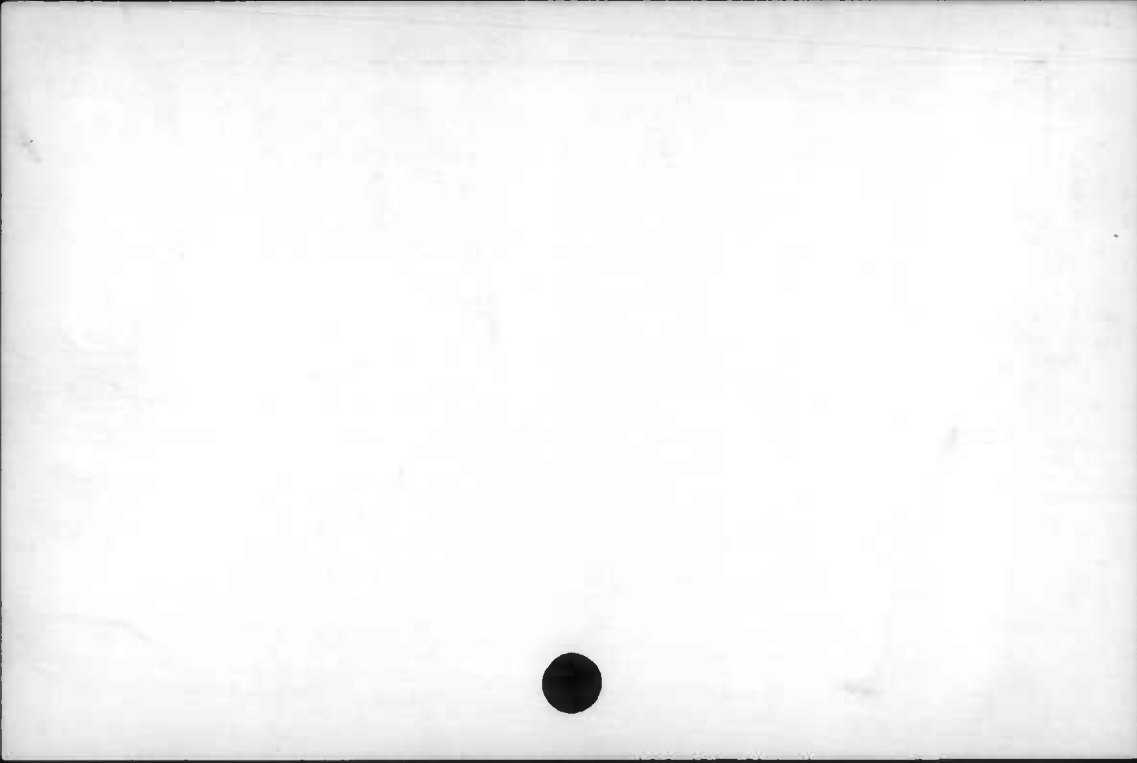
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cotuitville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1960</u> <small>Year</small>	<u>Apr</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>2</u> <small>Months</small> <u>18</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Cotuitville</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Cotuitville</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Herrickiah Henderson</u>	Father's Birthplace <u>Balto, Co. Ind.</u>				
Mother's Maiden Name <u>Rosa Burton</u>	Mother's Birthplace <u>Baltimore Ind.</u>				
Name of person giving Information <u>Rosa Burton</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	<u>151</u> <small>How long</small> <u>2 mo.</u>
Immediate	<u>Convulsions</u>	<u>1 day</u> <small>How long</small>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. H. Stultz M.D.</u>	Address <u>Cotuitville Ind.</u>
Accident or Suicide <u>—</u>		



Name
in
Full

Ashiel Thomas Hennick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Quaker Hill ^{Town} Balto ^{County} MARYLAND

Date of death 1940 ^{Month} April ^{Day} 21 ^{Years} 75 ^{Months} 1 ^{Days} 4

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death _____

Married Single ^{or Widowed} Name of Wife Mary Catherine Hennick ^{Husband}

Father's Name Alex Hennick Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Mrs Hennick How related to deceased Wife

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old Age Pulmonary Edema How long 1 wtc

Immediate Cardiac + General Arteriosclerosis How long 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank Q. Miller MD Address Elliott St, Ind

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Phoenix</i> ^{Town}		<i>Balti</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	<i>April</i> ^{Month}	<i>28</i> ^{Day}	Age <i>67</i> ^{Years}	<i>3</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Home Keeper</i>			Where Residing if not at place of death <i>Phoenix Balt. Co Md</i>		
Married , Single or Widowed		Name of Wife or Husband <i>X</i>			
Father's Name <i>Henry Hepburn</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine White</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Cherisea Zimmerman</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

10^vPHYSICIAN
OR CORONER

Primary <i>La-Grippe & Bronchitis</i>	How long <i>6 months</i>
Immediate <i>Cotarrhal Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J. E. Benson</i>
<i>J</i>	Address <i>Cockeysville Md</i>
Accident or Suicide? <i>no</i>	<i>1</i>

Funeral at Poplar
Cemetery Saturday
30th

M. C. Brook

Name
in
Full

Eleanor Jane Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

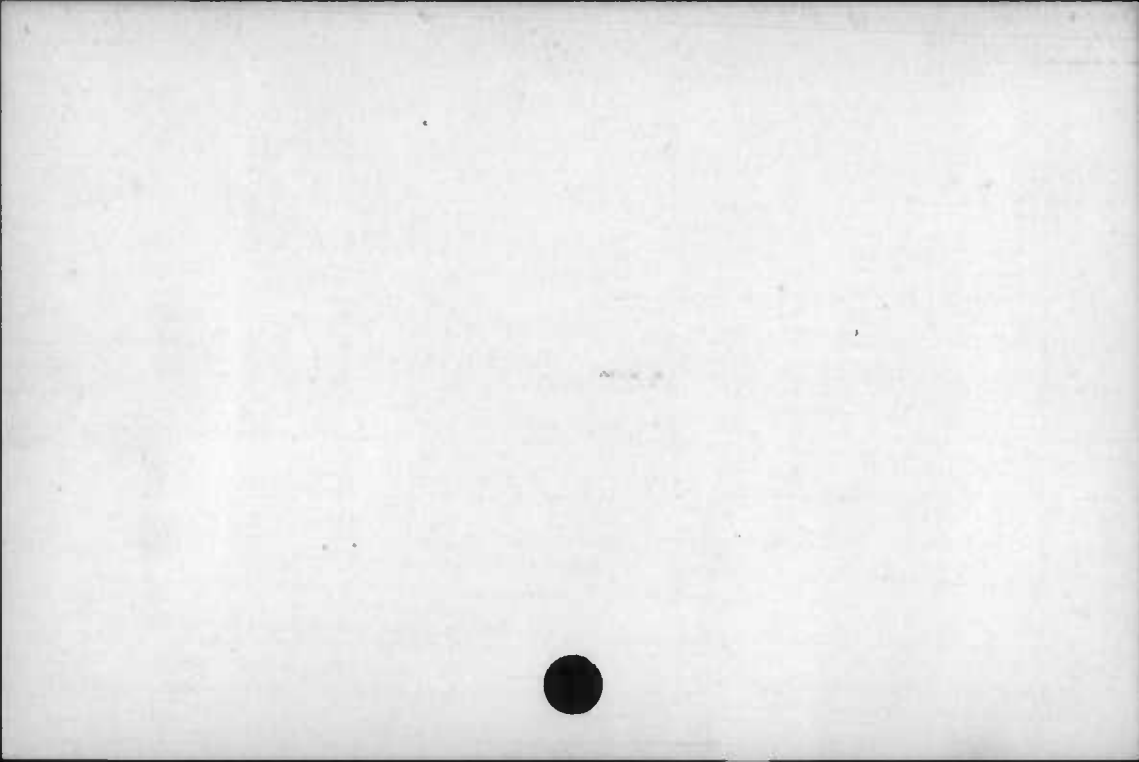
Died at <u>Seamts</u> Town		<u>Baird</u> County		MARYLAND	
Date of death <u>1960</u>	Month <u>Apr</u>	Day <u>17</u>	Age <u>2</u>	Months <u>7</u>	Days <u>25</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Seamts</u>		
Occupation <u>_____</u>	Where Residing if not at place of death <u>Seamts</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>Wm Paul S Hobbs</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Bertie E Feagins</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>W E Hobbs</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>5 days</u>
Immediate <u>Cardiac Arrest</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. C. Shipley</u>
	Address <u>Seamts Ind</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

George A. Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Hillsdale County Baltimore **MARYLAND**

Died at Hillsdale

Date of death 1910 April Month 2 Day 22 Age 82 Years 2 Months 26 Days

Sex Male Color or Race White Birth-place England

Occupation Retired Where Residing if not at place of death

~~Married, Single~~ Widower or Widowed Name of Wife or Husband Anna Eliza Hubbard

Father's Name George A. Hubbard Father's Birthplace England

Mother's Maiden Name Kitty Fields Mother's Birthplace England

Name of person giving Information Edgar A. Legare How related to deceased Son

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary Cerebral Sclerosis How long 10 months

Immediate

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician L. E. Dickson

Address 3053 W. North Ave.
Balto. Md.

Accident or Suicide

Lorraine Cemetery
Jos B Cook F.F.D.

Name
in
Full

Rose Huber

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1980	April	26	Age 66	3	27
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	House Work		Where Residing at place of death	1407 S. First St.	
Married, Single or Widowed	Widow	Name of late Husband	Antony Huber		
Father's Name	Michael Single		Father's Birthplace	Germany	
Mother's Maiden Name	Don't Know		Mother's Birthplace	"	
Name of person giving Information	John Huber		How related to deceased	Son	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	How long
Apoplexy	18 days
Pneumonia	3 days
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	D.W. Jones M.D.
Address	316 Edmond St.
Accident or Suicide	

PHYSICIAN
OR CORONER

Lilly and Zeiler

Undertakers

April 29th 1900

Trinity Cemetery

Name
in
Full

Ida L. Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Western Run PO</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND					
Date of death <i>1980</i>		Month <i>April</i>		Day <i>13</i>		Age <i>27</i>		Months <i>1</i>		Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wesiburg Md</i>							
Occupation <i>Housewife</i>				Where Residing if not at place of death _____							
Married, Single Widowed				Name of Wife or Husband <i>Oliver Hunt</i>							
Father's Name <i>Eli S Bull</i>				Father's Birthplace <i>Parkton Md.</i>							
Mother's Maiden Name <i>Mary M. Bush</i>				Mother's Birthplace <i>Germany</i>							
Name of person giving information <i>Oliver Hunt</i>				How related to deceased <i>Husband</i>							

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Prothrus Pulmonalis</i>		How long <i>4 mo.</i>	
Immediate <i>General Exhaustion</i>		How long <i>last month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Orbach</i>	
		Address <i>Box Keyville Md</i>	
Accident or Suicide? <i>No</i>			

Funeral at Mt. Zion
Saturday 16th
" "

Wm C Brooke

Name
in
Full

Umanee Hunt

CERTIFICATE OF DEATH

Died at Rossville Bales County

MARYLAND

Date of death 1980 Month Apr Day 24 Age — Years Months Days

Sex Male Color or Race white Birth-place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name Wm Hunt

Father's Birthplace Ma

Mother's Maiden Name May Beeversunder

Mother's Birthplace Ma

Name of person giving
Information

How related
to deceased mother

CAUSES OF DEATH

Primary

Still Born to Parents

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Charles
Rossville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Entenment

St Peter Court

Belair Road

Geo W. Grammer
undertaker

Name
in
Full

Edna E Hyatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Batonsville Town Balto County MARYLAND

Date of death 1900 Month April Day 10 Age no Years 1 Months 5 Days

Sex Female Color or Race White Birth-place Maryland

Occupation none Where Residing if not at place of death Weds Ave Batonsville

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name P. J. Hyatt Father's Birthplace Maryland

Mother's Maiden Name Bertha E. Simon Mother's Birthplace Maryland

Name of person giving Information P. J. Hyatt How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough, How long 3 weeks

Pneumonia How long 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Marshall B Wrsf.

Address Catonsville Md.

Accident or Suicide no

1900

Name
in
Full

Gertrude Jewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1940		1	2	39			
Sex	Female	Color or Race	White	Birthplace	Balto. Md		
Occupation	Housewife			Where Residing if not at place of death	1419 Boulder St		
Married, Single or Widowed	Married			Name of Wife or Husband	Samuel Jewell		
Father's Name	Zachariah Elder			Father's Birthplace	Md		
Mother's Maiden Name	Unknown			Mother's Birthplace	Md		
Name of person giving Information	Edward Lewis			How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	24 hours
Immediate	uraemia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo L. T. MacMillan
	No	Address	34 Gough Highlandtown Md
Accident or Suicidal	No		

M E. Saunders

London Park Cemetery

Apr. 5/10

Wm Cook Undertaker
Horn & Green Mount

Name
in
Full

Infant son of Neal + Martha Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Orange ^{12th Dist} ^{County} Balto

MARYLAND

Date of death 1910 April

Day 24

Age

Years

Months

Days 9

Sex male
Occupation none

Color or Race Afr American

Birth-place Balto Co. Md

Where Residing if not
et place of death

Married; Single
or Widowed

Name of Wife or
Husband

had none

Father's Name Neal Johnson

Father's Birthplace Essex Co. Va.

Mother's Maiden Name Martha Saffle

Mother's Birthplace Mathis Co Va

Name of person giving
Information Neal Johnson

How related
to deceased father

CAUSES OF DEATH

Primery Tetanus Neonatal

How long 3 days

Immediate Eclampsia

How long 1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. W. Wright

Address

Carton & O'Donnell Bldg.
Balto Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Undertaker. —

— Robert A. Elliott. —

506 Angus Ave. —

Burial — Asbury Cemetery —

— April — 25 — 1910 —

Name
in
Full

Gertrude - V. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dean Pleasant Hill</i>		Town <i>Balto</i>		County <i>Balto</i>		MARYLAND		
Date of death	<i>1910</i>	Month <i>April</i>	Day <i>2</i>	Age	<i>37</i>	Years	Months <i>—</i>	Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Balto co Md</i>	
Occupation	<i>House wife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John - W. Jones</i>					
Father's Name	<i>Simon Weaver</i>			Father's Birthplace	<i>Balto co Md</i>			
Mother's Maiden Name	<i>Sallie Fowble</i>			Mother's Birthplace	<i>Carroll co Md</i>			
Name of person giving information	<i>John - W. Jones</i>			How related to deceased	<i>Husband</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H M Blady</i>	
		Address <i>Reisterstown Md</i>	
Accident or Suicide?			



Name
in
Full

Nathen Gilmon Jones
Glyndon Town Balto County

CERTIFICATE OF DEATH

MARYLAND

Died at Glyndon

Date of death 1940 April

Day

22

Age

16

Years

Months

9

Days

3

Sex

Male

Color or
Race

Colored

Birth-
place

Balto Co

Occupation

Laborer

Where Residing if not
at place of death

Glyndon

Married, Single
or Widowed

Single

Name of Wife or
Huband

Fathar's
Name

Nathen L. Jones

Father's
Birthplace

Virginia

Mother's
Maiden Name

Maria L. Jackson

Mother's
Birthplace

Md

Name of person giving
Information

Martha E. Howard

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 mo.

Immadiate

Weakness

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. H. H.

Address

Glyndon

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William D. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Tow Banton		County Baltimore		MARYLAND	
Date of death	1910	Month April	Day 18	Age 32	Years	Months 4	Days 5
Sex	Male		Color or Race	White		Birth- place	Ma
Occupation	Doctor, Medicine			Where Residing if not at place of death 3419 Elliott St			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Evan Jones				Father's Birthplace	Wales	
Mother's Maiden Name	Ellen Turner				Mother's Birthplace	Ma	
Name of person giving Information	Ellen Jones				How related to deceased	Mother	

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Rheumatic Fever	How long	about 2 mos.
Immediate	Endocarditis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. V. Wright	
Address		Banton & O'Donnell Sts.	
Accident or Suicide?			

Dr Wright

Mt Carmel Cemetery

April 21st 1910

H. Sander & Son

Name
in
Full

Victor Juster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mr Hope Retreat Beell Union County
Date of death 1970 April 16 ^{Month} ^{Day} Age 32 ^{Years} not known not known ^{Months} ^{Days}
Sex Male Color or Race White Birth-place New York -
Occupation Jeweler Where Residing if not at place of death Jamaica New York.
Married, Single Name of Wife or Husband not known
Father's Name not known Father's Birthplace not known
Mother's Maiden Name " " Mother's Birthplace " "
Name of person giving Information Rec'ds Mr Hope How related to deceased not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Parexis -
Immediate Ex -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Frank J Flannery MD
Address Mr Hope Retreat
Mr Hope Ma -

Accident or Suicide

67 ✓
How long 3 yrs
How long



Name
in
Full

Mary M. R. Keith

CERTIFICATE OF DEATH

Died at

Willow

Town

County

Baltimore

MARYLAND

Date

of death 1900

Month

April

Day

27

Years

Age

1

Months

17

Days

No.

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Cella

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

George W. Keith

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah E. Owens

Mother's
Birthplace

Indiana

Name of person giving
Information

Sarah E. Owens

How related
to deceased

Mother

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

2 weeks

Immediate

Pneumonia

How long

One week

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. M. B. Hornsby

Address

Columbia City Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Easton Mrs.
Oella Conkey.

Name
in
Full

Francis Wm. Kerchner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamilton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1910</u> ^{Month} <u>April</u> ^{Day} <u>2nd</u>	Age <u>81</u> ^{Years}		Months <u>2</u>		Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baden Germany</u>			
Occupation <u>Retired Merchant</u>	Where Residing if not at place of death <u>Hamilton</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband				
Father's Name <u>Michael Anthony Kerchner</u>	Father's Birthplace <u>Baden Germany</u>				
Mother's Maiden Name <u>Mary Anne Kern</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Mary Kunkel, niece.</u>	How related to deceased <u>Niece</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>apoplexy + Paralysis</u>	How long <u>2 years</u>
Immediate <u>Paralysis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>B. C. E. Vogler, M.D.</u>
	Address <u>Hamilton, west Maryland Road</u>
	<u>Hamilton, Md. 14</u>
Accident or Suicide?	

Mr. Christian

New Cathedral Secretary
April 4 - 1910

Christian Miller
2334 Jefferson St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Koporec* Town *Sparrows Point* County *Balto.* MARYLAND

Died at *Sparrows Point*

Date of death 19*90* Month *Apr.* Day *5* Age *2* Years *9* Months *22* Days

Sex *Male* Color or Race *White* Birthplace *Md.*

Occupation *—* Where Residing if not at place of death *Sparrows Point*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Koporec* Father's Birthplace *Austria*

Mother's Maiden Name *Elizabeth Teckla* Mother's Birthplace *"*

Name of person giving Information *" Koporec* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

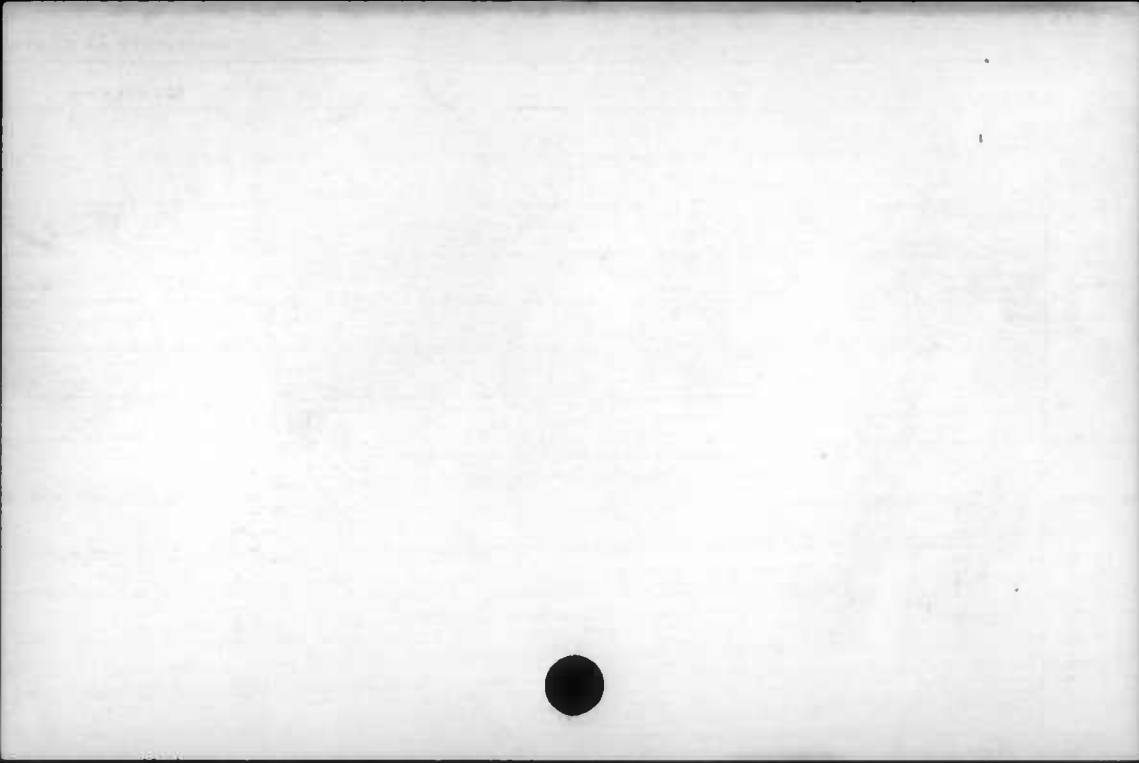
How long

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Marietta Kraft.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lanaville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1940</u>	Month <u>April</u>	Day <u>1st</u>	Years <u>55</u>	Months <u>4</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Edwin Shipley Kraft</u>				
Father's Name <u>Wm W. Addison</u>	Father's Birthplace <u>Balto City</u>				
Mother's Maiden Name <u>Susanna Atter</u>	Mother's Birthplace <u>Balto City</u>				
Name of person giving Information <u>Wm W. Addison Jr</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

119 ✓
How longPHYSICIAN
OR CORONER

Primary <u>Atherosclerosis</u>	How long <u>3 years</u>
Immediate <u>Acute nephritis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. G. Barrett md</u>
	Address <u>1631 Madison av</u> <u>Balto, Md</u>
Accident or Suicide	

Geo. W. Little.

Mt. Olivet Cemetery

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Towson

County
Baltimore

Date

1910

Month

April

Day

24

Years

Age 68

Months

2

Days

21

Sex

male

Color or
Race

white

Birth-
place

York County, Pa.

Occupation

Newspaper Reporter

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of Wife or
Husband

Mrs. Sadie V. Kront

Father's
Name

Adam H. Kront

Father's
Birthplace

York County, Pa.

Mother's
Maiden Name

Eleanor Standiford Kront

Mother's
Birthplace

York County, Pa.

Name of person giving
Information

J. Howard Flayhart

How related
to deceased

nephew

CAUSES OF DEATH

Primary

Senile Dementia

How long

4 yrs

Immediate

Exhaustion

How long

one month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. N. Brush

Address

Sheppard Pratt Hosp.
Towson, Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons
Touson
Interment in
Govans Cemetery

Name
in
Full

Mildred C. Larkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestnut Ridge		County Baltimore		MARYLAND	
Date of death		Month April	Day 22	Age —	Years —	Months 3	Days —
Sex Female		Color or Race white		Birth- place Baltimore Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name		Charles T. Larkins				Father's Birthplace Baltimore Md	
Mother's Maiden Name		Carrie D. Belt				Mother's Birthplace Baltimore Md	
Name of person giving In formation		Charles T Larkins				How related to deceased Father	

CAUSES OF DEATH

How long

3 weeks

How long

2 days

PHYSICIAN
OR CORONER

Primary

Pertussis

Immediate

Meningitis

Are the name, age, sex, color, date
and place correctly given above?

yes

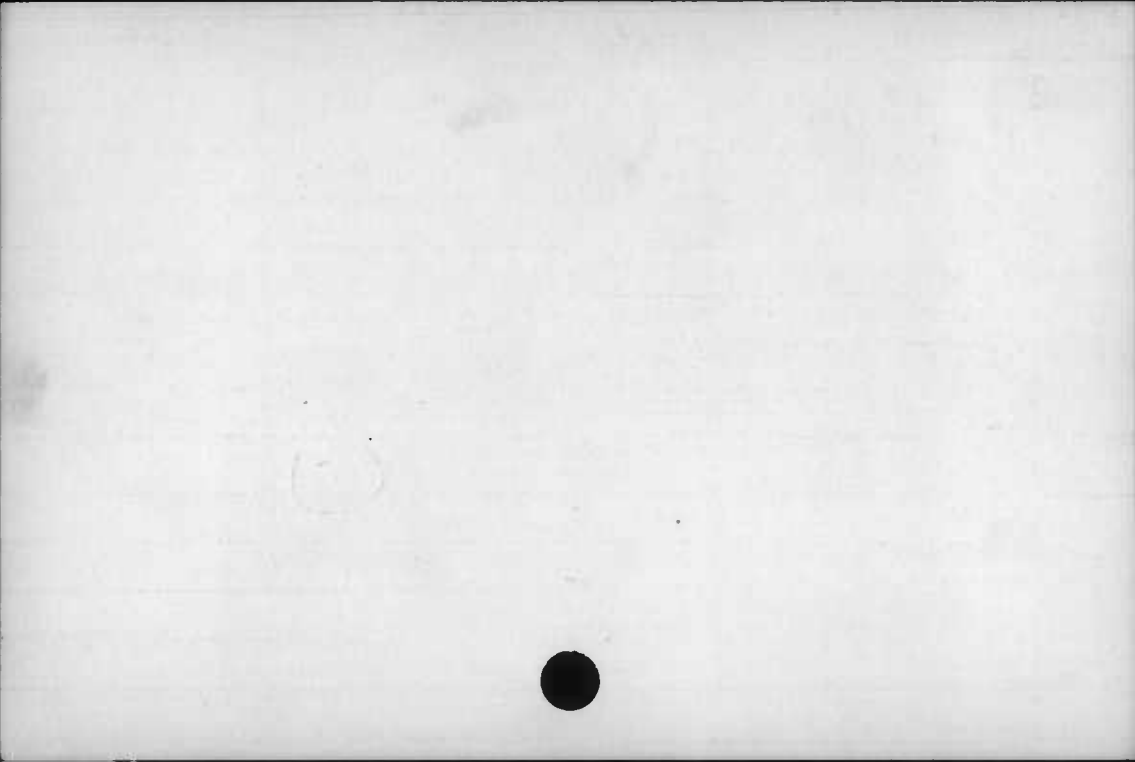
Signature of
Physician

J. R. Baice

Address

Glyndon

Accident or Suicide?



Name
in
Full

Elizabeth Larsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Highland town		Balto					
Date of death	1900	Month	April	Day	24	Years	45
Age		45		Months		11	
Sex		Female		Color or Race		white	
Occupation		at home		Birth-place		Balto City -	
Where Residing if not at place of death		3229 Canton Ave					
Married, Single or Widowed		Married		Name of Wife or Husband		Olla Larsen	
Father's Name		William Slater		Father's Birthplace		Penn -	
Mother's Maiden Name		Lena Eisenrodt		Mother's Birthplace		Germany	
Name of person giving Information		Lena Slater		How related to deceased		Mother	

CAUSES OF DEATH

40

Primary	Carcinoma Liver	How long	2 1/2 mos -
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. A. Kley	
Address		1902 Eastern Ave	
Accident or Suicide			

PHYSICIAN
OR CORONER

Trinity Cemetery

April 27, 1910

W. Sander & Son

Feb 3-

Name
in
Full

CERTIFICATE OF DEATH

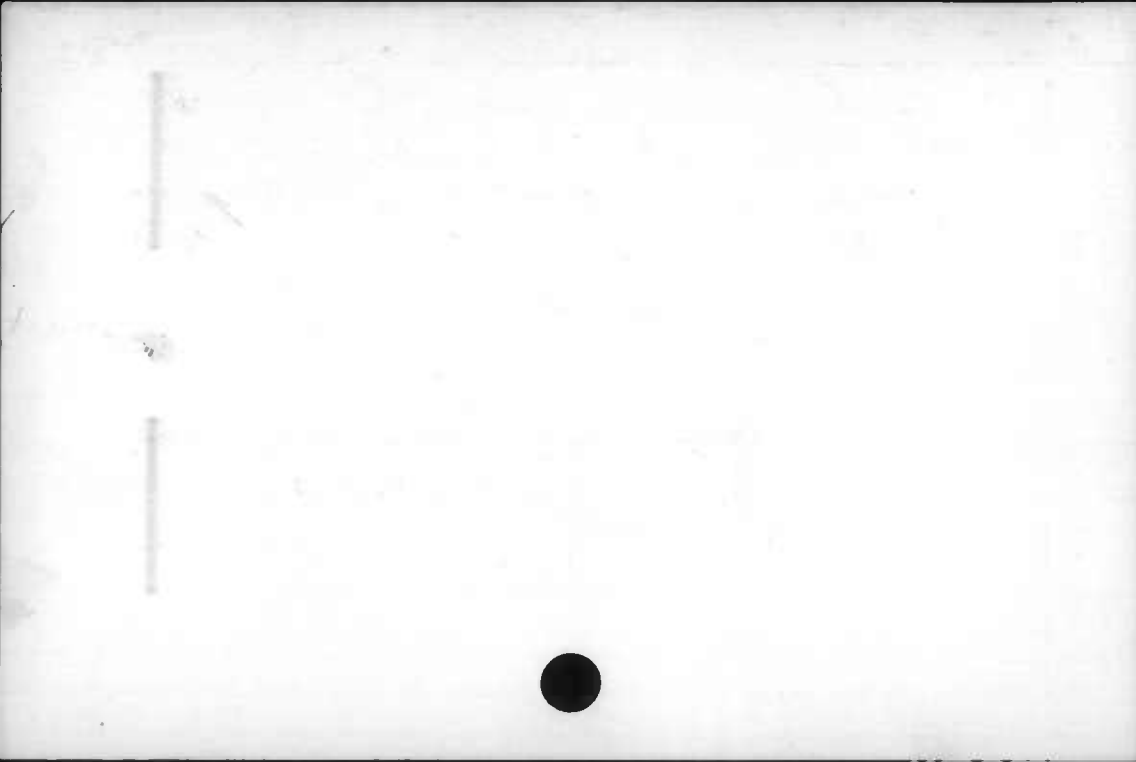
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catauswell</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>Apr.</i>	Day <i>29</i>	Age		Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Catauswell</i>			
Occupation		Where Residing if not at place of death <i>Catauswell</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Edward Leaw</i>		Father's Birthplace <i>Hanover Co</i>					
Mother's Maiden Name <i>Jane Bennett</i>		Mother's Birthplace <i>Catauswell Md</i>					
Name of person giving Information <i>Hardee Bennett</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature</i>	How long <i>7 mo</i>
Immediate	<i>Still born</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. M. Stultz M.D.</i>
		Address <i>Catauswell Md.</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Walter Lewis* Town *Baltimore* County *Baltimore*

Died at *Poplar Heights Baltimore* MARYLAND

Date of death *1900 April 3* Age *1* Months *3* Days *-*

Sex *Male* Color or Race *Negro* Birth-place *Baltimore Co.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James Lewis* Father's Birthplace *Va.*

Mother's Maiden Name *Elmina Bundy* Mother's Birthplace *Va*

Name of person giving Information *Richard Lewis* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Infantile Atrophy* How long *2 months*

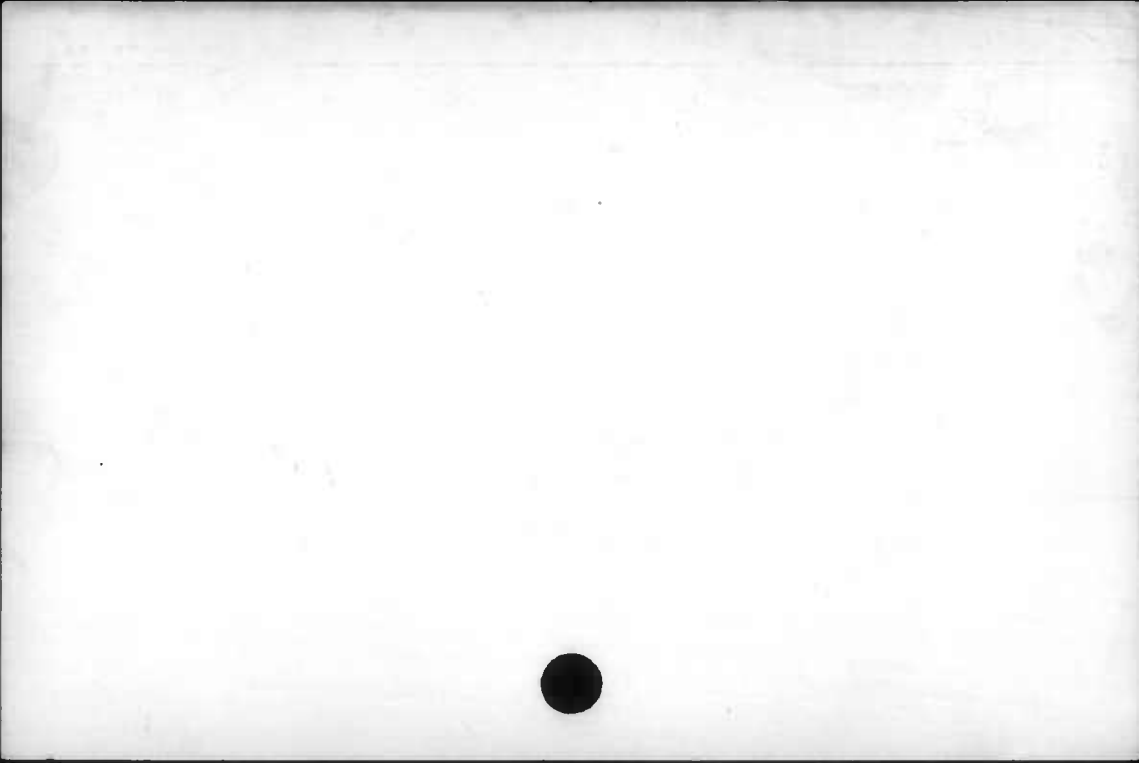
Immediate *Permeating* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. L. Eldred M.D.* Address *Spencer Point Md*

99 V

2



Name
in
Full

William Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Forest Park</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>Apr</i>	Day <i>4</i>	Age <i>77</i>	Months <i>3</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Lynch</i>			
Father's Name <i>Edward Lynch</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Jane Wade</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>James E Lynch</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary	<i>Acute Lobar Pneumonia</i>	How long	<i>7 days</i>
Immediate	" "	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jefferson Bussell
2844 St. Paul St
Balto. Md

3

Accident or Suicide?

no

Stewart & Mowen Co.
Funeral Directors

215 Park Ave

for interment in

London Park Chy
April 7th 1918.

Name
in
Full

Mary E. McCarthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

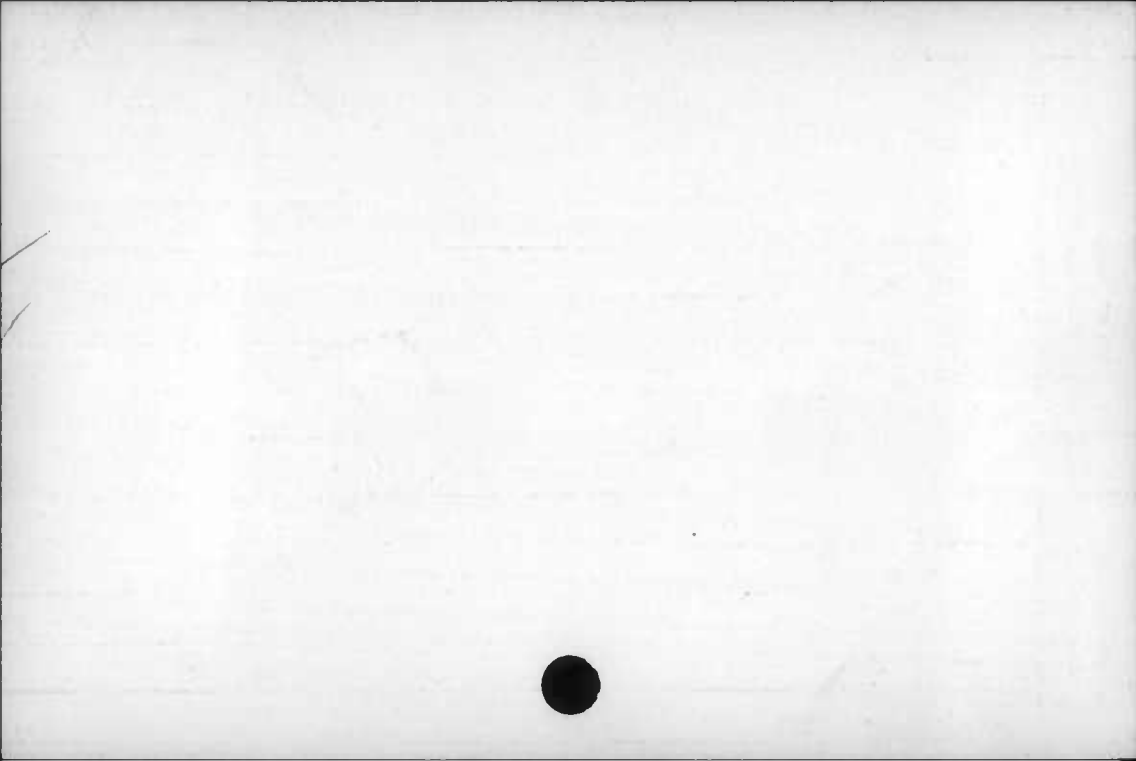
Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1900	Month April	Day 25	Age	52	Years	Months
Sex	Female		Color or Race	white		Birth- place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed			married		Name of Wife or Husband		
Father's Name			Unknown		Father's Birthplace		
Mother's Maiden Name			"		Mother's Birthplace		
Name of person giving In formation			Hospital Record		How related to deceased		

CAUSES OF DEATH

115

PHYSICIAN
OR CORONER

Primary	Specenic abscess (?)		How long	8 days.
Immediate	General Peritonitis (operation)		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes.		Address		
Accident or Suicide?		St Agnes Hospital		



Name
in
Full

Daniel M. Cauley

CERTIFICATE OF DEATH

Died at ^{Town} Pikesville ^{County} Baltimore MARYLAND

Date of death 1900 Month 4 Day 14 Age 87 Months Days

Sex Male Color or Race White Birthplace Ireland

Occupation Laborer Where Residing if not at place of death Pikesville Md

Married, Single or Widowed Widower Name of Wife or Husband Do not know

Father's Name Do not know Father's Birthplace Do not know

Mother's Maiden Name Do not know Mother's Birthplace Do not know

Name of person giving Information John Dunning How related to deceased None

CAUSES OF DEATH

Primary Senile Debility How long several years

Immediate Meningitis How long about 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. E. M. M.

Address Pikesville Md.

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

~~Revised~~

J. H. Hayes

London Park

4/15/10

Name
in
Full

Helson J McCormick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Brasburg* ^{County} *Balto* **MARYLAND**

Date of death 19*40* ^{Month} *4* ^{Day} *10* ^{Years} *58* ^{Months} *3* ^{Days} *4*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Salesman* Where Residing if not at place of death *Brasburg*

~~Married~~, Single Name of Wife or Husband *none*

Father's Name *Alander McCormick* Father's Birthplace *Indiana*

Mother's Maiden Name *Margaret McCuffin* Mother's Birthplace *IL*

Name of person giving information *Chas. McCormick* How related to deceased *Brother*

CAUSES OF DEATH

(62)

PHYSICIAN
OR CORONER

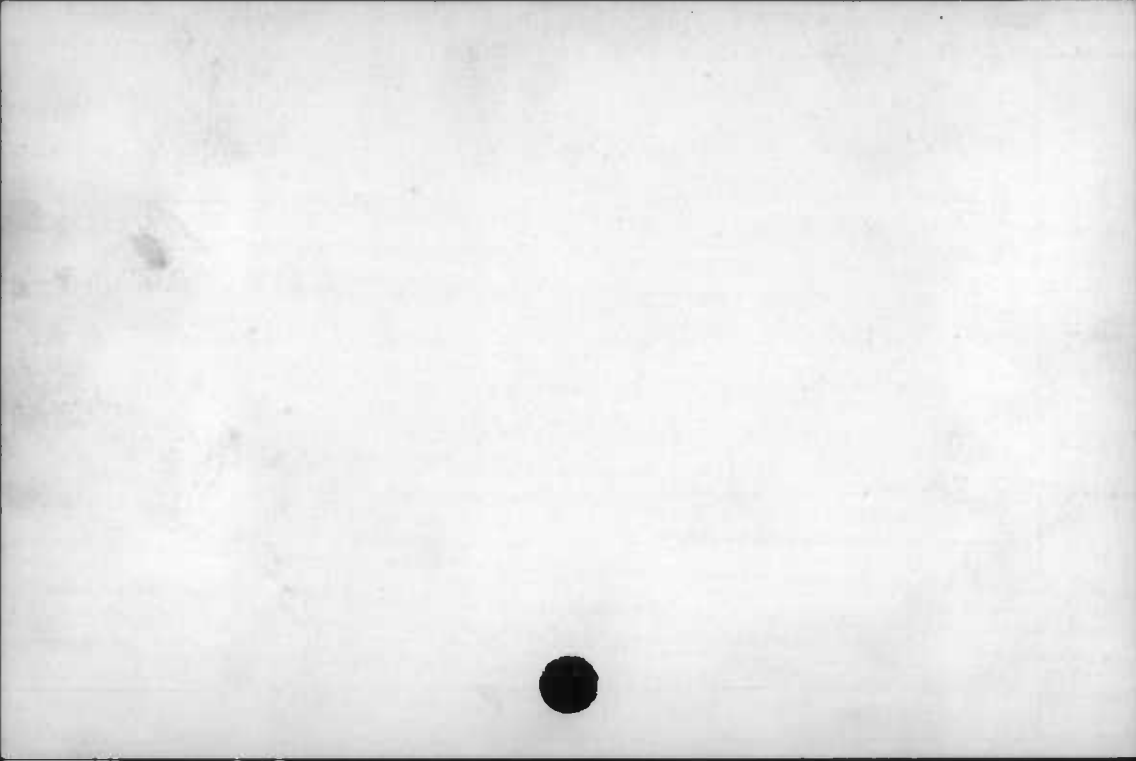
Primary *Tuberculosis due to Specific Disin* ^{How long} *years.*

Immediate *Exhaustion & Inanition due to Pain resulting* ^{How long} *3 years*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Haworth C. Silver* Address *1914 Bullon St*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant Hill</i>		Town <i>Vernon</i>		County <i>McFatrige</i>		State <i>MARYLAND</i>	
Date of death	<i>1910</i>	Month <i>April</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto co Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>George Smith</i>	Father's Birthplace <i>Balto co Md</i>						
Mother's Maiden Name <i>Annie McFatrige</i>	Mother's Birthplace <i>Balto co Md</i>						
Name of person giving information <i>Jennie McFatrige</i>	How related to deceased <i>Grand mother</i>						

CAUSES OF DEATH

189

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Slade</i>
<i>J</i>	Address <i>Reisterstown Md.</i>
Accident or Suicide?	

To be Buried at Pleasant Hill

Name
in
Full

Amy D. Mc Lean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullerton</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	Month <i>4</i>	Day <i>26</i>	Age <i>1</i>	Months <i>10</i>	Days <i>17</i>
Sex <i>F</i>	Color or Race <i>Wh.</i>		Birth-place <i>Balt. Co.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>William Mc Lean</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Gollers</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>William Mc Lean</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>17 days</i>
Immediate <i>Meningitis</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. Z. Wilkerson</i>
<i>Yes</i>	Address <i>Raspbury Ind.</i>
Accident or Suicide <i>neither</i>	

Entertainment

Hess Cent

Horfre Road

Geo. W. Grammer

undertaker

Name
in
Full

Anthony Sylvester Madary

CERTIFICATE OF DEATH

Died at ^{Town} Hamilton ^{County} Baltimore

MARYLAND

Date of death 1910 April 28th Age 51 Months Days

Sex Male Color or Race White Birth-place Balto co Md

Occupation Builder Where Residing if not at place of death White ave Hamilton

Married, Single or Widowed Married Name of Wife or Husband Ida C. Madary

Father's Name John Madary Father's Birthplace Portugal

Mother's Maiden Name Sarah Hohert Mother's Birthplace Balto co Md

Name of person giving information Anthony S. Madary jr How related to deceased Son

CAUSES OF DEATH

40 ✓

Primary Carcinoma of the Stomach How long 1 yr.

Immediate Carcinoma of the Stomach How long 1 yr.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

William Cook:

Undertaker, 502 E North Ave.

Druid Ridge Cem.

on May 1st 1910.

Name
in
Full


Mary Maden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Linton		County Bell		MARYLAND	
Date of death 1941		Month 4	Day 28	Age 50	Months —	Days —	
Sex Female		Color or Race colored		Birth-place Ind			
Occupation Housewife				Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband John Maden					
Father's Name John Adams		Father's Birthplace Ind					
Mother's Maiden Name Fannie Brown		Mother's Birthplace Ind					
Name of person giving Information Samuel Adams		How related to deceased son					

CAUSES OF DEATH

Primary Heart disease	How long about
Immediate myocardial infarction	How long 2 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. H. Wilson
	Address Fowlesburg Ind 5
	
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret A. Marsh* — Town *Overlea* County *Baltimore* Maryland

Died at *Overlea* Date of death *1900* Month *April* Day *2nd* Age *71* Years Months *3* Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *Overlea*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Ann Marsh*

Father's Name *Kaleb Thatcher* Father's Birthplace *England*

Mother's Maiden Name *Nancy Gould* Mother's Birthplace *Md*

Name of person giving Information *Emma G. Plant* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Bronchites* How long *One week*

Immediate *" "* How long *" "*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *H. W. Weber M.D.*

Address *1427 W. Lombard St., Baltimore Md.*

Accident or Suicide *No*

PHYSICIAN
OR CORONER

William Cook.

502 North Ave

Undertakes

Western Cem.

Tuesday 10 Am.

Name
in
Full

Mildred Viola Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Western Run P.O. ^{County} Balto.Date of death 1940 ^{Month} April ^{Day} 27 ^{Years} Age ^{Months} 2 ^{Days} 9Sex Female Color or Race Colored Birth-place Western Run Md.Occupation Where Residing if not at place of death " " "Married, Single or Widowed Name of Wife or Husband Father's Name William Mathews Father's Birthplace Parkton Md.Mother's Maiden Name Martha J. Holliday Mother's Birthplace Oregon Md.Name of person giving information Martha J. Mathews How related to deceased Mother

CAUSES OF DEATH

1051

PHYSICIAN
OR CORONERPrimary Enteric Colitis How long Three daysImmediate Convulsions How long One hourAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. H. DrachAddress Cockeysville Md.Accident or Suicide?

Funeral at parkers
Cemetery Friday 29th

N. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Maygers

Died at Highlandtown Balto.

MARYLAND

Date of death 1980 April 18th Age 18 Months 5 minutes

Sex Male Color or Race White Birth-place Balto. Co.

Occupation None Where Residing at place of death 715 S. Bouldin St

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Charles Maygers Father's Birthplace Balt. Md.

Mother's Maiden Name Catharine Paffman Mother's Birthplace

Name of person giving Information Charles Maygers How related to deceased Father

CAUSES OF DEATH

Primary Still Birth How long 4 hours

Immediate Premature Separating Placenta How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. L. Burke MD

Address 804 2 Hudson St

Accident or Suicide

PHYSICIAN
OR CORONER

Lilly and Grier
Undertakers
St. Alphonsus
April 19th Cemetery
1860

Name
in
Full

A. Frank Merling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto.</i>		MARYLAND	
Date of death	Month <i>4</i>	Day <i>17</i>	Years <i>57</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>5</i>	Days <i>24</i>
Occupation <i>Trink bleemer</i>	Where Residing if not at place of death <i>206 S. 4 St.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henrietta Merling</i>		
Father's Name <i>Frank Merling</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving Information <i>Henrietta Merling</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Traumatic Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. L. Trux</i>
	Address <i>38 South</i>
Accident or Suicide? <i>No</i>	<i>Highlandtown Md</i>

Sacred Heart Cemetery
John Herwig for
4/19/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

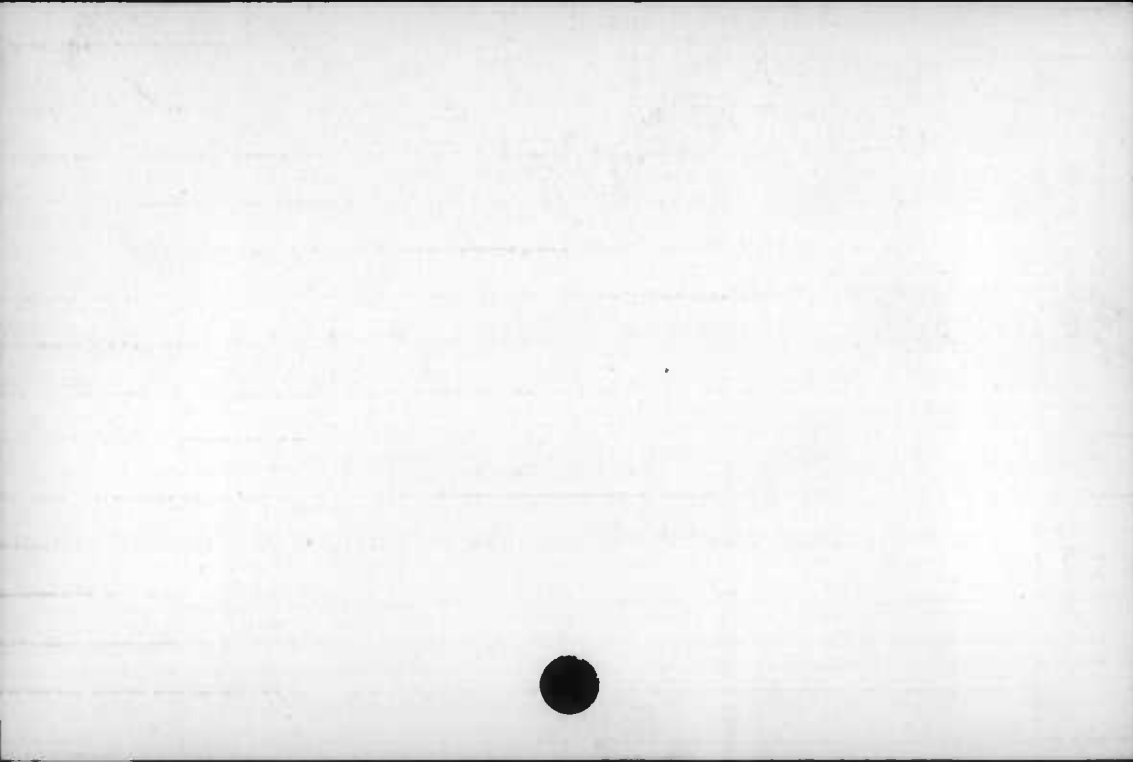
James Leroy Mitchell						TOWN		COUNTY		MARYLAND	
Died at		Baltimore		Baltimore							
Date of death		1960		Month		Apr.		Day		24	
				Age		10		Years		Months	
										Days	
										14	
Sex		Male		Color or Race		White		Birth-place		Balto	
Occupation				School boy				Where Residing if not at place of death			
								1222 - Light St.			
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Jas. H. Mitchell				Father's Birthplace			
								Unknown			
Mother's Maiden Name				Unknown				Mother's Birthplace			
								"			
Name of person giving information				Hospital Record				How related to deceased			
								—			

CAUSES OF DEATH

32

PHYSICIAN
OR CORONER

Primary		Tuberculosis hips - lungs.		How long		6 yrs. +	
Immediate		Tubercular Meningitis		How long		2 weeks.	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes.				Fred M. Brown			
No.				Address			
				Saginaw Hospital			
Accident or Suicide?				no			



Name
in
Full

Child J. James. H. Mitchell

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Calver ^{Town} Balto ^{County} **MARYLAND**
Date of death 1940 ^{Month} Apr. ^{Day} 9 ^{Years} Age 1 ^{Months} 2 ^{Days}
Sex Female Color or Race White Birth-place Maryland
Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none
Father's Name James H. Mitchell Father's Birthplace Maryland
Mother's Maiden Name Gertrude Doyle Mother's Birthplace Maryland
Name of person giving Information James H. Mitchell How related to deceased Father

CAUSES OF DEATH

151 ✓

Primary Premature birth - 6 months child ^{How long} 2 days
Immediate Inanition ^{How long} 2 days

Are the name, age, sex, color, date and place correctly given above?

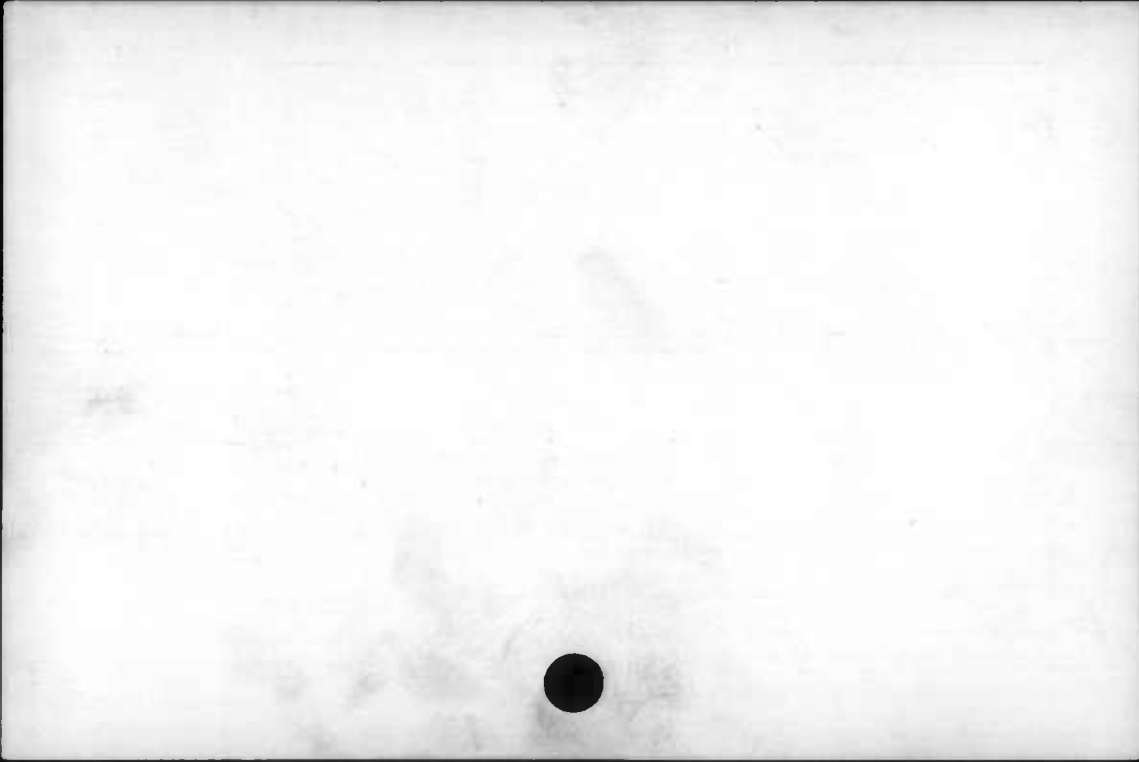
Yes

Signature of Physician

Address

B. J. Byrne
Ellicott City, Md

Accident or Suicide



Name
in
Full

Fanny M. Morton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 20 Bonwood Road = Roland Park, Balt. Co.		Town		County		MARYLAND	
Date of death 1910	Month April	Day 6.	Age 58	Years	Months 9	Days →	
Sex Female	Color or Race white		Birth-place Maine				
Occupation Housewife	Where Residing if not at place of death Roland Park						
Married, Single or Widowed married	Name of Husband Franklin J. Morton						
Father's Name Elias C. Mason	Father's Birthplace Maine						
Mother's Maiden Name Maria N. Balch	Mother's Birthplace Maine						
Name of person giving information Franklin J. Morton	How related to deceased Husband						

CAUSES OF DEATH

43 ✓

PHYSICIAN
OR CORONER

Primary Adeno-Carcinoma of breast.	How long Five years
Immediate Coma from brain metastases	How long Two weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Kenny Chandler MD
Metastases in liver and mesentery.	Address 742 W. North Ave. Baltimore Md. 9
Accident or Suicide?	

For burial at
Green Mound Cemetery
on April 8. 1910 =

E. M. Mitchell
1200 N. Fayette St
Baltimore

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mary Nash* ^{Town} *Manor* ^{County} *Salto*Date of death *190* ^{Month} *14* ^{Day} *19* ^{Years} *2* ^{Months} *3* ^{Days} *—*Sex *Female* Color or Race *Colored* Birth-place *Manor*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *William Nash* Father's Birthplace *Virginia*Mother's Maiden Name *Hellen Miller* Mother's Birthplace *Manor*Name of person giving information *Mrs Loren Wharton* How related to deceased *No relation*

CAUSES OF DEATH

Primary *Cattarrh* ^{How long} *2 days*Immediate *Leathring*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. J. Payne M.D.*Address *Phoenix*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

James V. Neal
Town Sutherland County Balto.

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sutherland Balto.
Date of death 1960 April 29 Age 18. Months 2 Days
Sex Male. Color or Race Colored Birth-place Md.
Occupation Laborer Where Residing if not at place of death Sutherland
Married; Single or Widowed Single Name of Wife or Husband None
Father's Name James Neal. Father's Birthplace Virginia
Mother's Maiden Name Ligma Smith Mother's Birthplace Balto. Co.
Name of person giving Information Ida. Diggs How related to deceased Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long Six months
Immediate Pulmonary Hemorrhage How long Died immediately
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wm. H. Smith
Address Rider, Md.
Accident or Suicide

John Burns Sons
Towson.

Interment in
Ciba. Cemetery
Baltimore.

Name

F
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		4	13	Age 57	5		
Sex	Male	Color or Race	White	Birth-place	Va		
Occupation	Capt. of Lug Boat			Where Residing if not at place of death	111 S. 1 st St.		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie B. Norton				
Father's Name	Unknown			Father's Birthplace	Va.		
Mother's Maiden Name	Unknown			Mother's Birthplace	Va		
Name of person giving information	Annie B. Norton			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ulcer of Stomach	How long	7 mo
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. S. Warner
		Address	320 Highland
Accident or Suicide?	no		

Mt. Carmel Conn.

Hervigson

4/16/10

Name
in
Full

Alvina Annil Ochs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lansdowne Town Balt County MARYLAND

Date of death 1910 Month April Day 5 Age 1 Years 1 Months — Days 25

Sex female Color or Race White Birth-place Balt. Md.

Occupation Infant Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George Ochs. Father's Birthplace Balt. Md.

Mother's Maiden Name Kate Haberkorn Mother's Birthplace Balt. Md.

Name of person giving Information George Ochs How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia

Immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank H. Rubel
Lansdowne. Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Chas. Ohms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		4	13	21		3	16
Sex	Male	Color or Race	White	Birth-place	Balto.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name	Henry Ohms			Father's Birthplace	Germany		
Mother's Maiden Name	Betty			Mother's Birthplace	" "		
Name of person giving Information	Henry Ohms			How related to deceased	Father		

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	3 weeks
Immediate	Same		How long	Same
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			1721 Canton av.	
Accident or Suicide?				

Western Lem.

Herrigson

4/15/10

Name
in
Full

Harrington E Ombler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Woodlawn Town Baltimore County MARYLAND

Date of death 1960 Month Apr Day 11th Age 5-6 Months 9 Days 14

Sex Female Color or Race White Birth-place MD

Occupation Home work Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband James Ombler

Father's Name James Monroe Father's Birthplace MD

Mother's Maiden Name Rebecca Facker Mother's Birthplace MD

Name of person giving Information Louie Ombler How related to deceased son

CAUSES OF DEATH

120

✓

PHYSICIAN
OR CORONER

Primary Paraneoplastic hepatic metastatic hypercalcemia How long 1 year

Immediate Renal hypercalcemia How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician A. C. Smith Address West Forest Park

Accident or Suicide —

Oakland Carroll Co Ind.

Jes. B. Cook

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Porter</i> ^{Town}		<i>Baltimore</i> ^{County}			
Date of death <i>1960</i>	<i>April</i> ^{Month}	<i>13</i> ^{Day}	Age <i>1</i> ^{Years}	<i>8</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington, D.C.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Rosburg Ind</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Raymond C Parsans</i>	Father's Birthplace <i>Ill</i>				
Mother's Maiden Name <i>Edith H Parsans ^{The} Hall</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Edith H Parsans</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

30 ✓

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>7 days</i>
Immediate <i>Hydrostatic Pneumonia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Sudler MD</i>
	Address <i>3523 E. Baltimore St.</i>
Accident or Suicide?	

Lucas & Sons.

Greenmount
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lottie Elizabeth Payne
Town *Cockeysville* County *Baltimore* MARYLAND
Died at
Date of death 1901/10/14 Age 13 Months 9 Days 0
Sex *Female* Color or Race *Colored* Birth-place *Cockeysville*
Occupation *None* Where Residing if not at place of death *Cockeysville*
Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *James Payne* Father's Birthplace *Virginia*
Mother's Maiden Name *Elizabeth Johnson* Mother's Birthplace *Md.*
Name of person giving Information *Rebecca Payne* How related to deceased *Sister*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis.* How long *4 months.*
Immediate *Exhaustion* How long *1 week.*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. C. Enon M.D.*
Address *Cockeysville Md.*
Accident or Suicide *No*

W C Brooks, Undertaker
Philopoli, Md.



Name
in
Full

Wendell Piester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

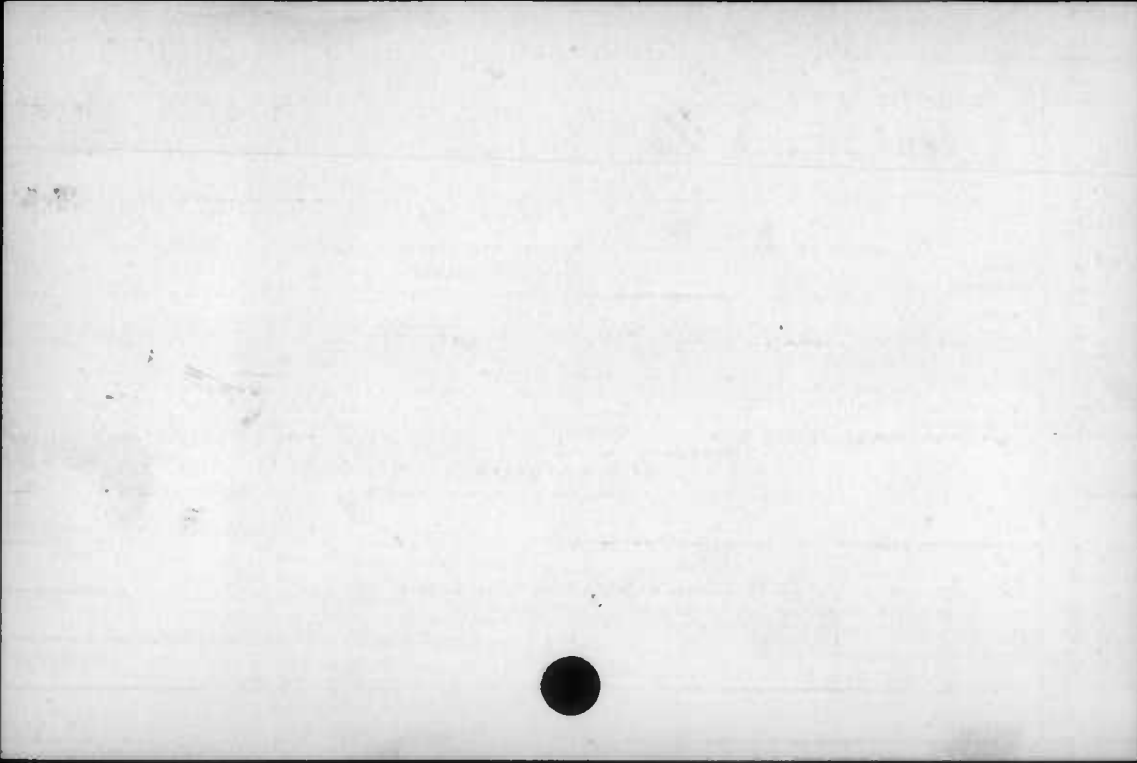
Died at		Town		County	
Kingsville				Baltimore	
Date of death	1900	Month	April	Day	1
Age	66	Years		Months	1
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Wheelwright	Where Residing if not at place of death		Baltimore City	
Married, Single or Widowed	Married	Name of Wife or Husband		Unknown	
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving information	Henry Erbe			How related to deceased	Nephew

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	6 months
Immediate	Apoplexy	How long	at once
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. F. H. Gersbach
		Address	Forst Md -
Accident or Suicide?			



Name
in
Full

Catharine A. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sweet Air</u> ^{Town}		<u>Balt</u> ^{County}		State <u>MARYLAND</u>	
Date of death <u>1910</u>	<u>4</u> ^{Month}	<u>23</u> ^{Day}	Age <u>63</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Sweet Air</u>		
Occupation <u>House work</u>	Where Residing if not at place of death <u>—</u>				
<u>Single</u> ^{Married, Single or Widowed}	Name of Wife or Husband <u>—</u>				
Father's Name <u>Bert R. Powell</u>	Father's Birthplace <u>Sweet Air</u>		Mother's Birthplace <u>—</u>		
Mother's Maiden Name <u>Mary Brown</u>	How related to deceased <u>Nephew</u>		Name of person giving information <u>Bert Powell</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Vertigo</u>	How long <u>Unknown</u>
Immediate <u>Falling with face down in water and mud</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. T. Payne</u>
<u>Yes</u>	Address <u>Phoenix, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret A. Kallich		Town		County		MARYLAND	
Died at Howard Park		Baltimore					
Date of death 1900		Month Apr		Day 2nd		Age 82	
		Months 2				Days 28	
Sex Female		Color or Race White		Birth-place Md			
Occupation Retired				Where Residing if not at place of death —			
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name John Stewart		Father's Birthplace Md					
Mother's Maiden Name Mary Francis		Mother's Birthplace Md					
Name of person giving Information Mrs Annie Lewis		How related to deceased twice					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primer Infirmitie of Age		How long	
Immediate Hypertensive Congestion of		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. C. Smith	
Yes		Address West Forest Park	
Accident or Suicide			

For Burial at —
Fondren Park Cemetery

E. M. Mitchell

Undertaker

1201 W. Fayette St
Baltimore Md

Name
in
Full

CERTIFICATE OF DEATH

Elizabeth H. Riggan

Died at

Elchester

County

Balto

MARYLAND

Date
of death

1980 April 27

Age

75

Months

no

Days

Sex

Female

Color or
Race

White

Birth-
place

North Carolina

Occupation

Retired

Where Residing if not
at place of death

Thistle

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Arne Lukkianen

Father's
Name

John Riggan

Father's
Birthplace

N. Carolina

Mother's
Maiden Name

Mary Wood

Mother's
Birthplace

N. Carolina

Name of person giving
Information

Joseph B. Thompson

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

General Debility

How long

2 years

Immediate

General Asthenia

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. Stuth, M.D.,
Cataumet, Md.

Accident or Suicide

154

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Easton Sons.
Hustle Army

Name in Full William Franklin Robinson		CERTIFICATE OF DEATH	
Died at Roland Park Town Baltimore County		MARYLAND	
Date of death 1940 Month April Day 5 Age 1 Years Months 1 Days 16			
Sex Male Color or Race White		Birth-place Roland Park Md	
Occupation None		Where Residing If not at place of death " " "	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name William P. Robinson		Father's Birthplace Maryland	
Mother's Maiden Name Lucy H. Cator		Mother's Birthplace "	
Name of person giving information Lucy H. Robinson		How related to deceased Mother	
CAUSES OF DEATH			
Primary La Grippe		How long 15 days	
Immediate Lobar Pneumonia		How long 16 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M. Gibson Porter	
		Address Roland Park Md	
Accident or Suicide? No			

Stewart Mowen Co.
Funeral Directors
215 Park Cir.

for Interment in
Green Mount Cty.
April 7th 1910

Name
in
Full

CERTIFICATE OF DEATH

Richard Warren Roberson
Town County

MARYLAND

Died at Marriottsville

Beltz.

Date
of death 1960Month
Apr.Day
6.

Age

Years

Months
2.Days
2Sex
Occupation

Male

Color or
Race

White

Birth-
place

Marriottsville

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Warren E Roberson

Father's
Birthplace

Ind

Mother's
Maiden Name

Bessie Creager

Mother's
Birthplace

Ind

Name of person giving
Information

Warren E Roberson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M.A.V. Smith M.D.
Harrisonville
Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jan R. Hur.
Cards obituary

Name
in
Full

William Thomas Roberson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marriottsville</u> ^{Town}		<u>Batts.</u> ^{County}		MARYLAND	
Date of death <u>1940</u>	<u>Apr</u> ^{Month}	<u>8</u> ^{Day}	Age	<u>2 mo</u> ^{Months}	<u>3</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Marriottsville</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Warren E Roberson</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Bessie Creager</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>Wm T. Roberson</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>3 days.</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>M. A. R. Smith M.D.</u>
		Address	<u>Harrisonville</u> <u>Ind.</u>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born infant Rodgett

Town Sparrow Point County Baltimore

MARYLAND

Died at Sparrow Point
Date of death 1960 Apr. 20 Age 20 Months Days

Sex Male Color or Race col Birth-place Sparrow Point

Occupation none Where Residing if not at place of death " "

Married, Single or Widowed Name of Wife or Husband none

Father's Name Henry Rodgers Father's Birthplace Va

Mother's Maiden Name Sarah Mason Mother's Birthplace Va

Name of person giving Information Henry Rodgers How related to deceased father

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

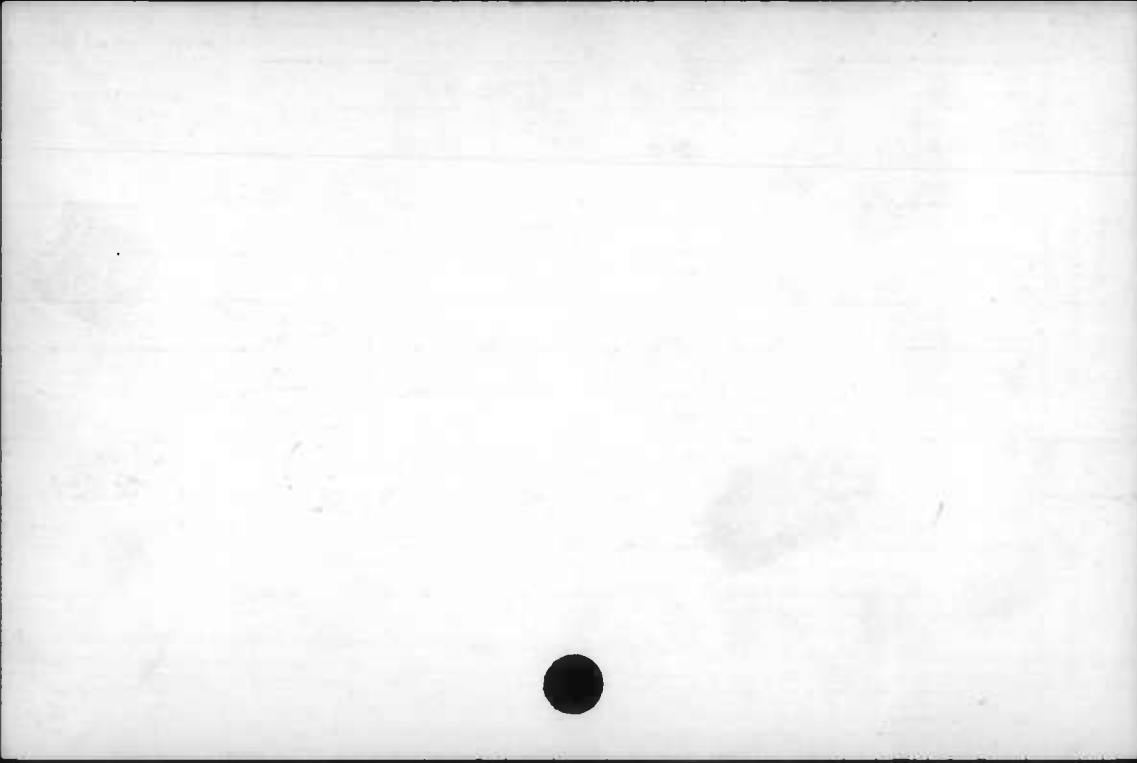
Primary Syphilis How long

Immediate premature birth How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician G. McCormick MD

Address Sparrow Point

Accident or Suicide no



Name
in
Full

Infant of Mrs. L. & Alice Rogers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at McDonough ^{own} Baltimore ^{County} MARYLAND

Date of death 1900 ^{Month} April ^{Day} 30 ^{Years} Age 2 ^{Months} hours ^{Days}

Sex Male Color or Race white Birth-place Baets. Co.

Occupation _____ Where Residing if not at place of death McDonough

~~Married~~, Single or Widowed Name of Wife or Husband _____

Fether's Name James L. RogersFather's Birthplace Baets. Co.Mother's Maiden Name Alice LevingMother's Birthplace BaltimoreName of person giving Information James L. RogersHow related to deceased Father

CAUSES OF DEATH

Primery Pressure during birth

How long _____

Immediate Convulsion

How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. M. Allen

Address

509 Park Ave.

Accident or Suicide

PHYSICIAN
OR CORONER

C. C. H. Kraft

St Thomas Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jacob Ruthe Town **Highlandtown** County **Balto.**

Died at **Highlandtown** **Balto.** MARYLAND

Date of death 19**80** April 16th Age 77 Months Days

Sex **Male** Color or Race **White** Birth-place **Balto. Md.**

Occupation **Can Maker** Where Residing ~~if not~~ at place of death **3124 Froster ave**

Married, Single or Widowed **Married** Name of Wife or Husband **Mary E. Ruthe**

Father's Name **Francis J. Ruthe** Father's Birthplace **Germany**

Mother's Maiden Name **Mary A. Will** Mother's Birthplace **" "**

Name of person giving Information **Mary E. Ruthe** How related to deceased **Wife**

CAUSES OF DEATH

Primary **Carcinoma of Breast + Ovary** How long **5 months**

Immediate **Old Age** How long

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Shepherd Dr. M. M.** Address **301 N. Fremont St. Baltimore Md**

Accident or Suicide **no**

Holy Redeemer Cemetery

April 20th 1910

Lilly and Geiler
Undertakers

Name

in
Full

George A. Schaal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Leatonsville* Town*Baltimore* CountyDate of death *1900* *April* MonthDay *21*Age *57* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Baltimore City*Occupation *Tool Maker*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or

*Sadie E. Schaal*Father's Name *John Schaal*Father's Birthplace *Germany*Mother's Maiden Name *Annie Smith*Mother's Birthplace *11*Name of person giving information *Sadie Schaal*How related to deceased *Wife*

CAUSES OF DEATH

67Primary *General Paresis*How long *unk.*Immediate *Cerebral Effusion*How long *4 days.*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Percy Wade
*Leatonsville, Md*Accident or Suicide? *No -*

Christian Muller
2534 Jefferson St
London Park Cemetery
April 23rd 1960

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Still Birth of Antan & Lena Schatz*

Town *Canton* **County** *Balto.* **State** *MARYLAND*

Died at *Canton*

Date of death *1940* **Month** *April* **Day** *10* **Age** *Still Birth* **Year** *1940* **Month** *April* **Days** *10*

Sex *Male* **Color or Race** *White* **Birth-place** *Balto. Co.*

Occupation *_____* **Where Residing if not at place of death** *3505 1/2 Hudson St.*

Married, Single or Widowed *_____* **Name of Wife or Husband** *_____*

Father's Name *Antan Schatz* **Father's Birthplace** *Germany*

Mother's Maiden Name *Lena Dorbert* **Mother's Birthplace** *Germany*

Name of person giving information *Antan Schatz* **How related to deceased** *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Birth* **How long** *_____*

Immediate *_____* **How long** *_____*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W.E. McCloughry M.D.*

Address *619 S. Clinton St.,
Highlandtown*

Accident or Suicide *_____*

Undertaker,

— Gilly and Zeiler,

Burial, —————

Sacred Heart Cemetery,

April 10 - 1910,

—————

Name
in
Full

Annie E. Schaumloeffel

CERTIFICATE OF DEATH


Died at		Town Lanarville		County Baltimore		MARYLAND	
Date of death	1900	Month 4	Day 2	Age 76	Years	Months 4	Days
Sex	Female		Color or Race	White		Birth- place	Germany
Occupation	none			Where Residing if not at place of death Elseroad Ave.			
Married, Single or Widowed	Widow		Name of Wife or Husband	Adam Wendt			
Father's Name	Unknown					Father's Birthplace	Germany
Mother's Maiden Name	Unknown					Mother's Birthplace	Germany
Name of person giving In formation	Minnie Miller					How related to deceased	Slaughter

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic nephritis - Compensated & Dilated Heart	How long	5 yrs
Immediate	Naemia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. LeRoy Wright
		Address	Lanarville Md.
Accident or Suicide?			9

Emanuel cum.

Herwig son

4/6/10

Name
in
Full

Herman W. Schoen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

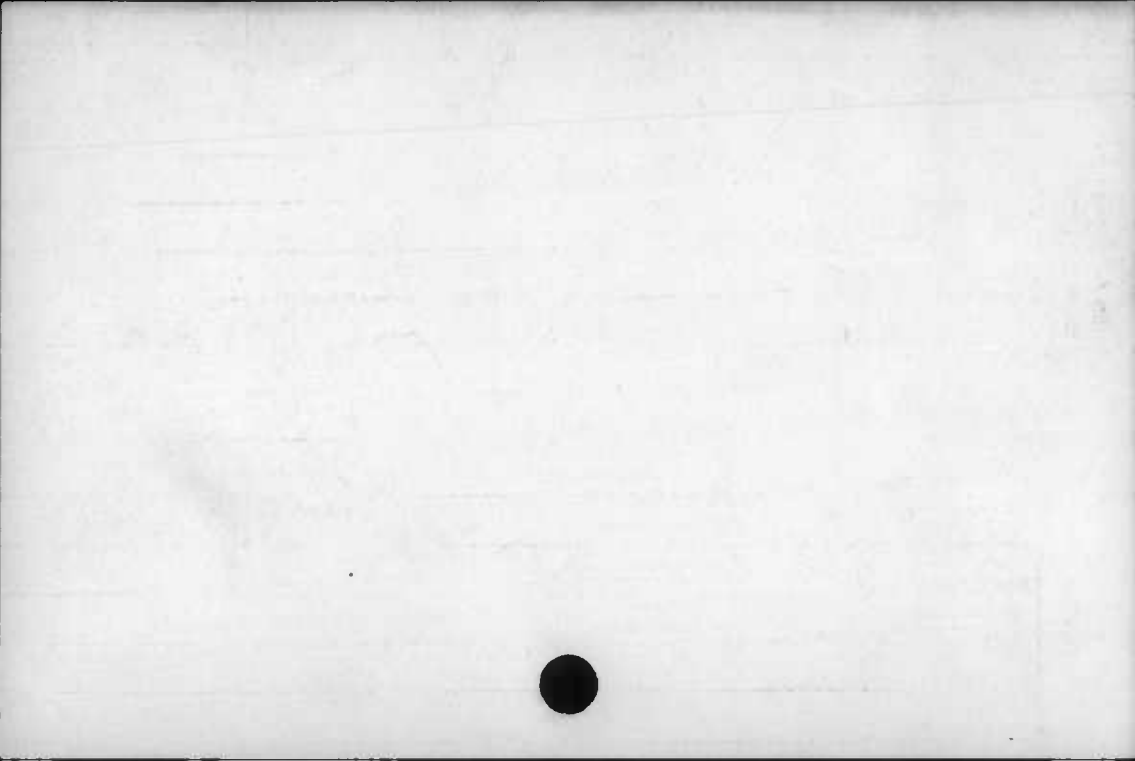
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>Apr.</i>	Day <i>13</i>	Age <i>15</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Factory Help</i>	Where Residing if not at place of death <i>602-Robinson St. Canton</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Herman Schoen</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Sophie Laible</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Herman Schoen</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

73 ✓

PHYSICIAN
OR CORONER

Primary <i>Acute Chorea</i>	How long <i>3 weeks.</i>
Immediate <i>Acute Otitis Media + Cervical Adenitis</i>	How long <i>48 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Abraham M. D.</i>
<i>No.</i>	Address <i>St. Agnes Hospital.</i>
Accident or Suicide?	



Name
in
Full

Annile M. Schreier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orangerville		County Balto.		MARYLAND	
Date of death		19	Month 10	Day 4	Age Years 79	Months 7	Days
Sex	Female		Color or Race	White		Birth- place	Germany
Occupation	None		Where Residing if not at place of death		Bridle & E. ext.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Joseph Schreier			
Father's Name	Unknown					Father's Birthplace	Germany
Mother's Maiden Name						Mother's Birthplace	" "
Name of person giving In formation	Sophia Gabele					How related to deceased	Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Voluntarily Heart		How long	one year
Immediate	Drop on		How long	one month
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			1504 E. Bay St.	
Accident or Suicide?		No		

Balto Cem.
Hemig Jan
4/4/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Milton Shannon*

Died at *Canton* ^{Town} *Balto* ^{County}

State *MARYLAND*

Date of death *1940* ^{Month} *Apr* ^{Day} *29* ^{Age} *9* ^{Years} *9* ^{Months} *9* ^{Days} *9*

Sex *Male* Color or Race *White* Birth-place *Balto City*

Occupation *None* Where Residing if not at place of death *Canton*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John Shannon* Father's Birthplace *Balto Co*

Mother's Maiden Name *Eizabeth Kiefer* Mother's Birthplace *Balto Co*

Name of person giving information *Joseph Kiefer* How related to deceased *Grandfather*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cardiac Syncope* 188 ^{How long} *188*

Immediate *Chronic* ^{How long} *Chronic*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. S. Linder M.D.*

Address *355 E. Balto St.*

Accident or Suicide? *No*

Girkler + Girkler
1739 E. Cager St.

— — — —

Trinity Cemetery
May 2 - 1910

Name
in
Full

Katherine Sindall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park ^{Town}		Baltimore ^{County}		MARYLAND	
Date of death 1990	Month April	Day 4	Age 69 ^{Years}	Months 6	Days 11
Sex Female	Color or Race White		Birth-place Howard Co. Md.		
Occupation None			Where Residing if not at place of death Roland Park Md.		
Married, Single Married	Name of Wife or Husband John W. Sindall				
Father's Name Samuel Holland			Father's Birthplace England		
Mother's Maiden Name Eliza Kimmel			Mother's Birthplace Liggetstown Md.		
Name of person giving information John W. Sindall			How related to deceased Husband		

CAUSES OF DEATH

120

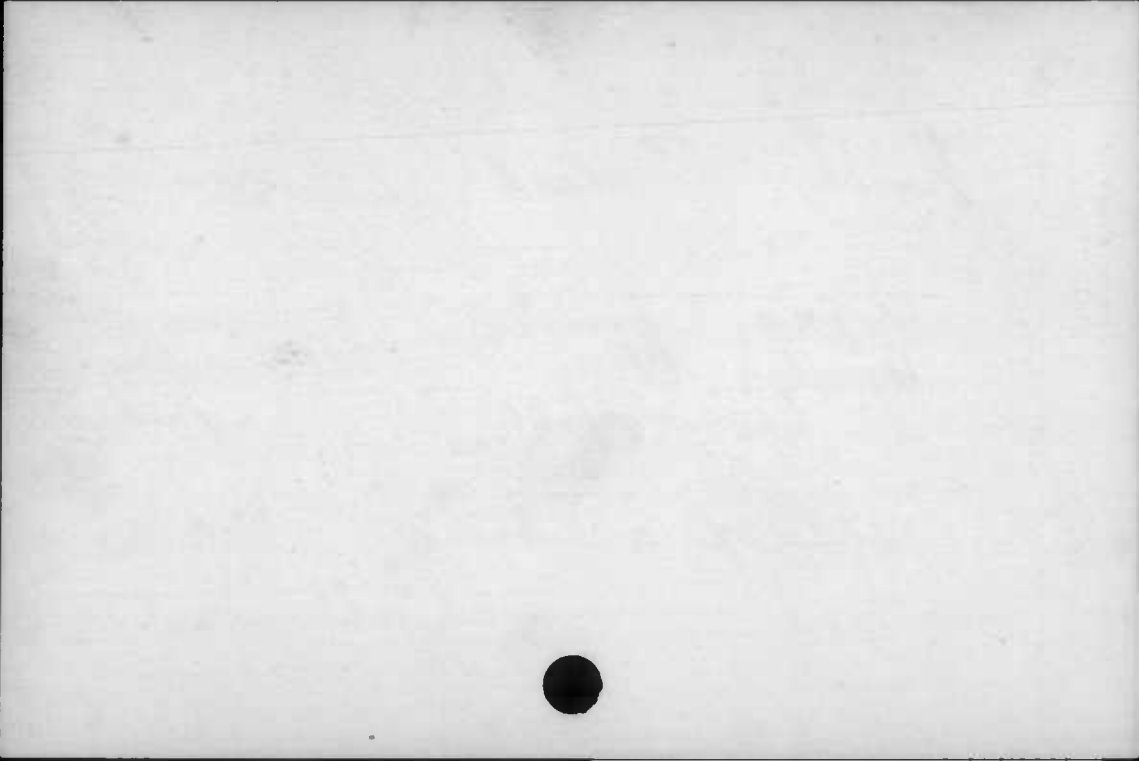
PHYSICIAN
OR CORONER

Primary Chronic Nephritis	How long do not know
Immediate Uremic Convulsions	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician M. Gibson Porter
No	Address Roland Park Md.
Accident or Suicide? No	

St. Mary Hampshire -
~~Mar~~ Apr 17-1860

St. Mary Hall
3539 Fall Road

Name in Full		Mrs Charity Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chase		County Bullets		MARYLAND
	Date of death		1910	Month April	Day 24	Age 77	Months 5 Days 5
	Sex		Female		Color or Race white		Birth-place Md
	Occupation			H W			
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Unknown		Father's Birthplace Md		
Mother's Maiden Name		Ruth Brown		Mother's Birthplace Md			
Name of person giving information		J B Smith		How related to deceased			Son
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">79</div>							
PHYSICIAN OR CORONER	Primary		Valvular disease of heart			How long Several years	
	Immediate		Asphyxia			How long 3 wks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John W. Harris		
	Address		Middle River			Md is	
Accident or Suicide?		no					



Name
in
Full

Grace Smith

CERTIFICATE OF DEATH

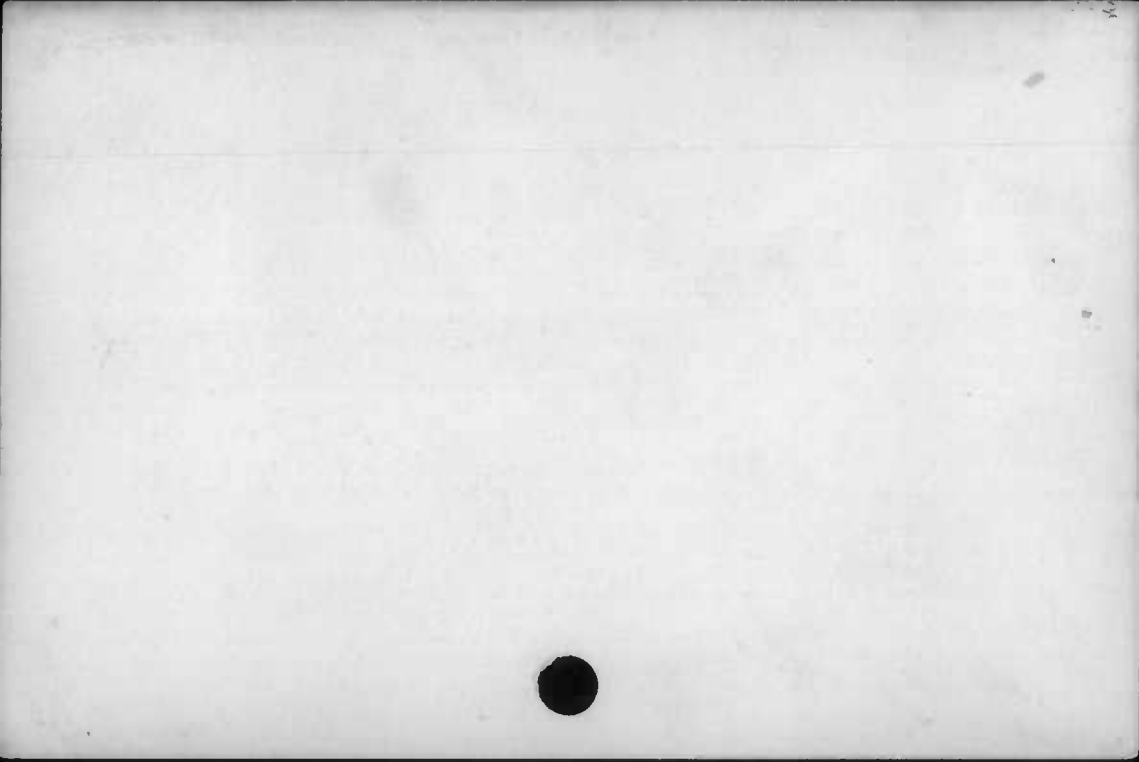
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glenview</u> Town		<u>Bald</u> County		MARYLAND	
Date of death	19 <u>00</u>	Month <u>4</u>	Day <u>16</u>	Age <u> </u> Years	Months <u> </u> Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Crofton Md</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>George Smith</u>			Father's Birthplace <u>Bald Co</u>		
Mother's Maiden Name <u>Amelia Gray</u>			Mother's Birthplace <u>Bald Co</u>		
Name of person giving information <u>Geo. Smith</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Asphyxia Cordis</u>	How long	<u>20 minutes</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. H. Shuman</u>	
		Address <u>Glenview Md.</u>	
Accident or Suicide?			



Name in Full		Mary Frances Smith						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	330 Roland Ave. Roland Park. Balt. Co.						MARYLAND	
	Date of death	1900	Month April	Day 5	Age 61	Years	Months 7	Days	
	Sex	Female		Color or Race		White		Birth-place	Snow Hill, Md.
	Occupation	Housewife		Where Residing if not at place of death		Snow Hill, Md.			
	Married, Single or Widowed	Married		Name of Husband		John Walter Smith			
	Father's Name	David Richardson						Father's Birthplace	Snow Hill, Md.
	Mother's Maiden Name	Anjeannette Bennett						Mother's Birthplace	Snow Hill, Md.
Name of person giving information	Arthur A. Foster						How related to deceased	Son-in-law	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Carcinoma of breast						How long	1 year
	Immediate	Exhaustion from disease						How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Julius F. ...		
					Address		1013 1/2 Church St		
	Accident or Suicide?								

Henry H. Jenkins and Sons Co.

April 7th 1910

Place of Burial
Snow Hill Maryland.

Name
in
Full

Mary A. Smith

CERTIFICATE OF DEATH

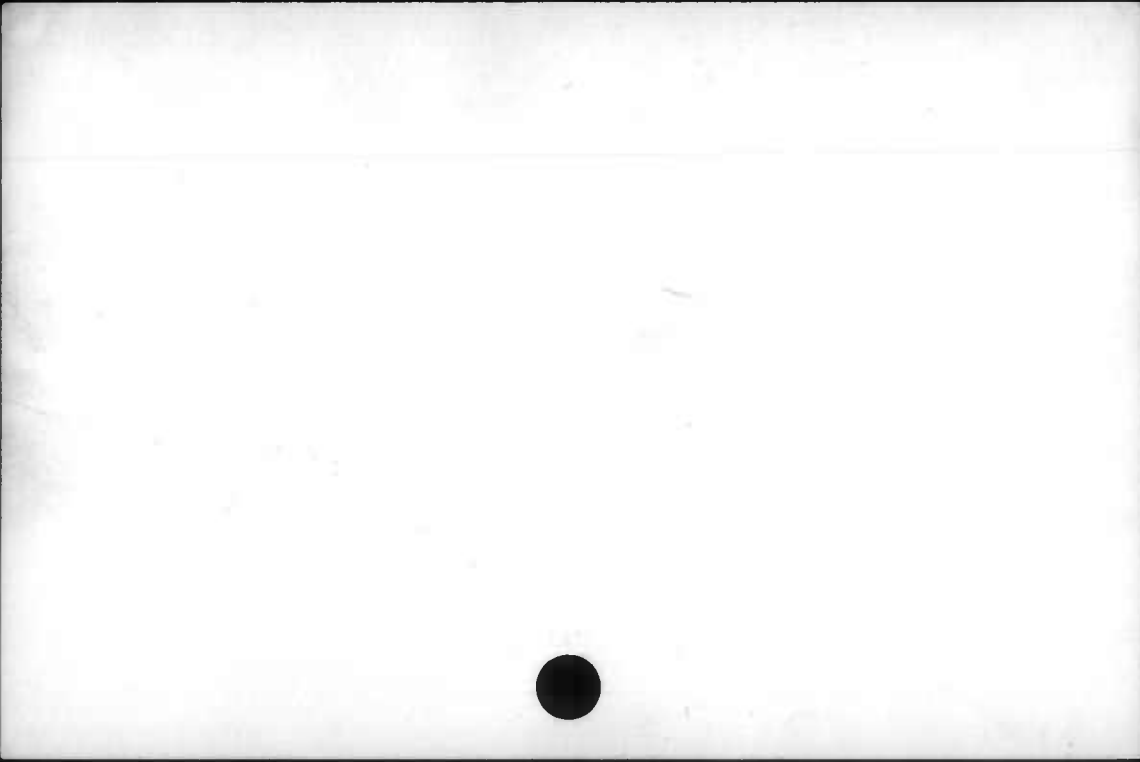
Died at Rossville Town Psalm County MARYLANDDate of death 1907 1 Month 1 Day 1 Age 67 Years 1 Months 1 DaysSex Female Color or Race Colored Birth-place MeaOccupation Housework Where Residing if not at place of death as homeMarried, Single or Widowed Single Name of Wife or Husband John J. SmithFather's Name Lloyd Russell Father's Birthplace MeaMother's Maiden Name Unknown Mother's Birthplace MeaName of person giving Information Rachel Jackson How related to deceased Daughter

CAUSES OF DEATH

Primary cerebral apoplexy 64 ✓
How long 1 dayImmediate —
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. V. LeeAddress Rossville
Mea

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Smrha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blood Hospital</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death <i>1900</i>	Month <i>April</i>	Day <i>24</i>	Years <i>21</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bohemian</i>		
Occupation <i>maid</i>			Where Residing if not at place of death <i>1905 E. Eager St.</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____			
Father's Name <i>Jm. Smrha</i>			Father's Birthplace <i>Bohemia</i>		
Mother's Maiden Name <i>Annie Smrha</i>			Mother's Birthplace <i>Bohemia</i>		
Name of person giving Information <i>Joseph. Skina</i>			How related to deceased <i>Brother-in-law.</i>		

CAUSES OF DEATH

Primary <i>Tuberculosis (pulmonary)</i>	How long <i>5 yrs.</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Josephus A. Wright</i>
	Address <i>Endowed Sanatorium Pawson Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

Frank Grackson

Holy Redeemer Cemetery

Name
in
Full

Elizabeth Snowden.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i>		County <i>Balto</i>		MARYLAND	
Date of death	1910	Month	April	Day	6
Age		69		Years	
Sex	female	Color or Race	Colored	Birth-place	Primer Geo Co Md
Occupation	Laundress		Where Residing if not at place of death <i>Catonville</i>		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>Denny Snowden</i>		
Father's Name	<i>Salmon Brodgar</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace	<i>unknown</i>
Name of person giving information	<i>Annie C Snowden</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<i>Abscess of Frontal bone</i>	How long	<i>9 mos</i>
Immediate	<i>asthenia</i>	How long	<i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Marshall B Worsf</i>	
<i>yes</i>		Address <i>Catonville Md,</i>	
Accident or Suicide?			

F. B. Pie Jr. 100 E. Mulberry St.
Bonnie Bras

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Isabella Spencer</i>		Town <i>St. Helena</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>St. Helena</i>		Month <i>April</i>		Day <i>15</i>		Years <i>44</i>	
Date of death <i>1900</i>		Month <i>April</i>		Day <i>15</i>		Age <i>44</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>		Months <i>11</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Spencer</i>		Father's Birthplace <i>England</i>		Mother's Birthplace <i>England</i>	
Father's Name <i>Joseph Wilde</i>		Mother's Name <i>Isabella Wilde</i>		How related to deceased <i>Husband</i>			
Name of person giving Information <i>John Spencer</i>							

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary <i>Chorea</i>	How long <i>14 days.</i>
Immediate <i>Haemorrhage</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Wood M.D.</i>
Address <i>Spencer's Point Md.</i>	
Accident or Suicide <i>no</i>	

0-70-10-16.

Name
in
Full

Michael Starr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Washington		County Balto.		MARYLAND	
Date of death	1910	Month April	Day 16	Age 63	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ireland
Occupation	Retired			Where Residing if not at place of death Mt Washington			
Married, Single or Widowed	Married		Name of Wife or Husband	Rosa Starr			
Father's Name	John Starr					Father's Birthplace	Ireland
Mother's Maiden Name	Henara Quinn					Mother's Birthplace	Ireland
Name of person giving Information	Rosa Starr					How related to deceased	Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chrom. Intestinalis Nephritis from Alcoholism	How long	2 yrs
Immediate	Cardiac dilatation, Hemipia	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. H. Beaton
		Address	Mt Washington
Accident or Suicide?			md 9

Int. at St. Marys. Cem.
Gorham.

Apr 18/910.

Wm Booth
502 E. 7th. W.

Name
is
Full

Sophie Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnes</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1910 April</i>		Month		Day <i>13</i>		Age <i>64</i>		Years <i>6</i> Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Memphis, Tenn.</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Barnes</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas R. Stewart</i>							
Father's Name <i>Bapt. - Meyerson</i>		Father's Birthplace <i>W. I. A. unknown</i>							
Mother's Maiden Name <i>Frederica William</i>		Mother's Birthplace <i>United States</i>							
Name of person giving information <i>Charles G. Scherer</i>		How related to deceased <i>Son.</i>							

CAUSES OF DEATH

99 ✓

PHYSICIAN
OR CORONER

Primary <i>Pneumonia + Pleurisy</i>		How long <i>several weeks</i>	
Immediate <i>Heart Failure + Brights</i>		How long <i>several months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. G. E. Vogler M.D.</i>	
		Address <i>Hamilton Balt Md 14</i>	
Accident or Suicide?		<i>Hamilton Ave + Harbor Rd</i>	

Christian Miller

Name
in
Full

Pearl Stuart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gorans		County Balto.		MARYLAND	
Date of death		Month		Day		Years	
1900		April		5 th		Age —	
Sex		Color or Race		Months		Days	
Female		White		—		2 1/2	
Occupation		Where Residing if not at place of death		Birth-place		—	
none		—		Gorans, Balto. Co. Md		—	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Single		—		Balto. Md		Balto. Co, Md.	
Father's Name		Mother's Maiden Name		How related to deceased		—	
William H. Stueck		Sarah E. Poston		her father		—	
Name of person giving Information		William H. Stueck		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Toxemia due to eclampsia in mother necessitating Poodie version etc		2 1/2 days	
Immediate		How long	
Came on		12 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Henry C. O'Leary M.D.	
—		Address	
—		1203 N. Fayette St	
Accident or Suicide		Baltimore, Md	

Burial at
Baltimore Cemetery
Apr - 6/9/10 .

Wm Cook
502 E. North av

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gillian Stump</i>		Town <i>no. 3 Lonely Lane</i>		County <i>Bald County</i>		MARYLAND	
Died at <i>no. 3 Lonely Lane</i>		Month <i>April</i>		Day <i>12</i>		Age <i>9</i>	
Date of death <i>1940</i>		Years <i>9</i>		Months <i>Month</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>no 3 Lonely Lane</i>					
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>Louise Stump</i>					
Father's Name <i>William Stump</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Louise Stacey</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>William Stump</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

9P ✓

PHYSICIAN
OR CORONER

Primary <i>Pneumo-pneumonia</i>	How long <i>4 days</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Miller</i>
	Address <i>6 N. Broadway Bald. Mo</i>
Accident or Suicide? <i>9</i>	

Name
in
Full

Wallis L. Tobey


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1st Home Remedy		Baltimore					
Date of death	Month	Day	Years	Months	Days		
1940	April	9th	Age 30	Not Known	Not Known		
Sex	Male		Color or Race	White		Birth-place	Baltimore
Occupation	None		Where Residing if not at place of death		Baltimore Md.		
Marrried, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Not Known					Father's Birthplace	Not Known
Mother's Maiden Name	" "					Mother's Birthplace	" "
Name of person giving Information	Recd. 1st Home Remedy					How related to deceased	Not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epileptic Mania -	How long	For years
Immediate	Ex Epileptic Seizures	How long	abt 6 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J. Flannery M.D.
Address	1st Home Remedy		Not Home Md.
Accident or Suicide			



Name
in
Full

Christina Gertrude Prow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 3301 First Ave banton ^{County} Baltimore MARYLAND

Date of death 1980 ^{Month} April ^{Day} 27 ^{Years} Age 16 ^{Months} 8 ^{Days} 27

Sex Female Color or Race White Birth-place Maryland

Occupation Seamstress Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frederick Prow Father's Birthplace Germany

Mother's Maiden Name Mary Shipley Mother's Birthplace Maryland

Name of person giving Information Frederick Prow How related to deceased Father

CAUSES OF DEATH

20

V

PHYSICIAN
OR CORONER

Primary Septicemia due to infection of foot

How long 8 days

Immediate Cardiac Syncope

How long 1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

David L. Jones
3116 Oldbume Rd.

Address

Accident or Suicide

May 1st 1910
Mount Carmel Tenn.
H. Sander & Son

Dr. Jones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Delight</i>		County <i>Balto</i>		MARYLAND	
Date of death	1910	Month	April	Day	30
Age	2	Years	6	Months	—
Sex	Female	Color or Race	white	Birth-place	Balto co Md
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Turnbaugh			Father's Birthplace	Balto co Md
Mother's Maiden Name	Julia Busler			Mother's Birthplace	Balto co Md
Name of person giving information	John Turnbaugh			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>X</i> <i>yes</i>		<i>Thompson</i>	
		Address	
		<i>Glyndon</i>	
		<i>Md</i>	
Accident or Suicide?			



Name
in
Full

Thomas Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cotonsville		Baltimore					
Date of death		Month	Day	Age	Years	Months	Days
1960		Apr	26	30			
Sex		Color or Race		Birth-place			
Male		Colored		Fredk. Geo. Lud			
Occupation		Where Residing if not at place of death					
Caharer at Stone crusher		Cotonsville Md					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Richard Waters		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving Information		How related to deceased					
John Leavelle		None					

CAUSES OF DEATH

96

PHYSICIAN
OR CORONER

Primary		How long	
Bronchial Asthma		2 years	
Immediate		How long	
General Debility		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		D. M. Stultz, M.D.	
		Address	
		Cotonsville, Md.	
Accident or Suicide			

2

Name
in
Full

Harriett Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Long Green Town Baltimore County MARYLAND

Date of death 1910 Month April Day 7 Age 64 Years Months ✓ Days ✓

Sex Female Color or Race Colored Birth-place Balto. Co. Md.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of ~~Wife~~ Husband John Watkins, deceased

Father's Name Daniel Proctor Father's Birthplace Balto. Co. Md.

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information John Proctor How related to deceased Son

CAUSES OF DEATH

10^vPHYSICIAN
OR CORONER

Primary Gangrene How long 4 days

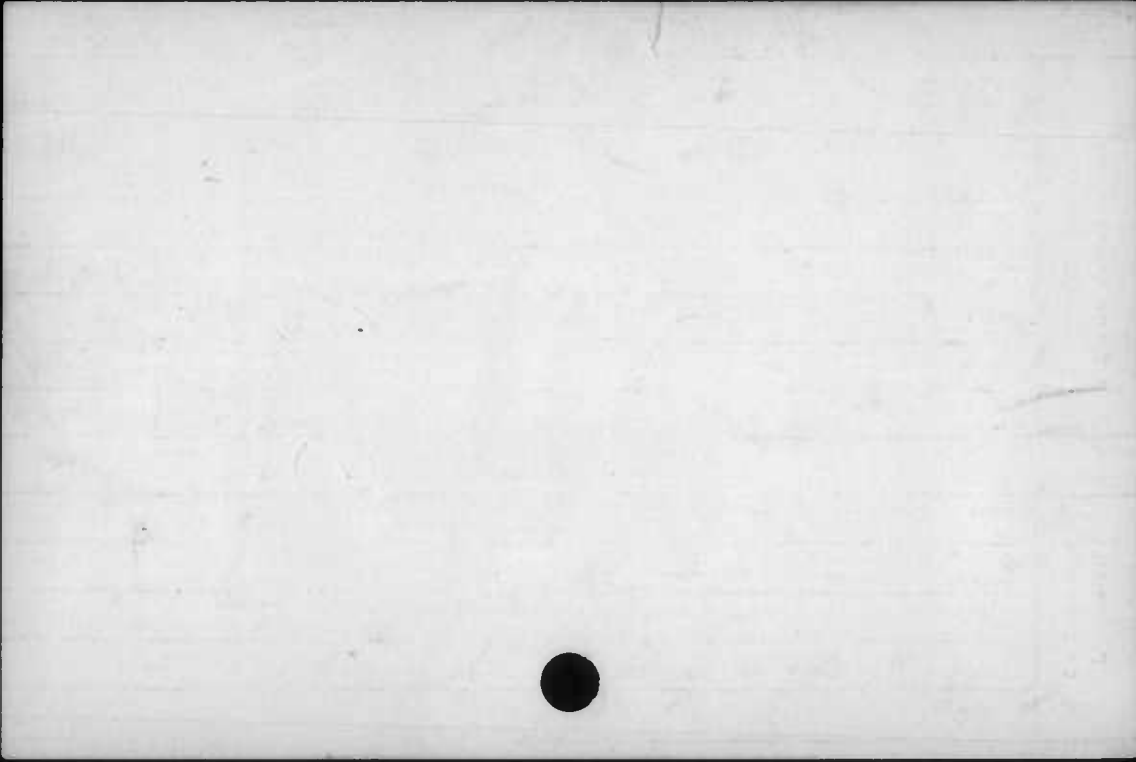
Immediate Pneumonia How long 3 "

Are the name, age, sex, color, date and place correctly given above?

Yes Signature of Physician J. T. Payne

Address Phoenix

Accident or Suicide?



Name
in
Full

Mary Jane Thantland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Oakland Town Balto. County MARYLAND

Date of death 1990 Month April Day 5 Age 77 Years Months 10 Days 3

Sex Female Color or Race White Birth-place Emma

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Joseph Thesley Thantland

Father's Name Jno. Taylor Father's Birthplace

Mother's Maiden Name Rachel Gilbert Mother's Birthplace

Name of person giving Information Mrs Sarah Emma Butcher How related to deceased Daughter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

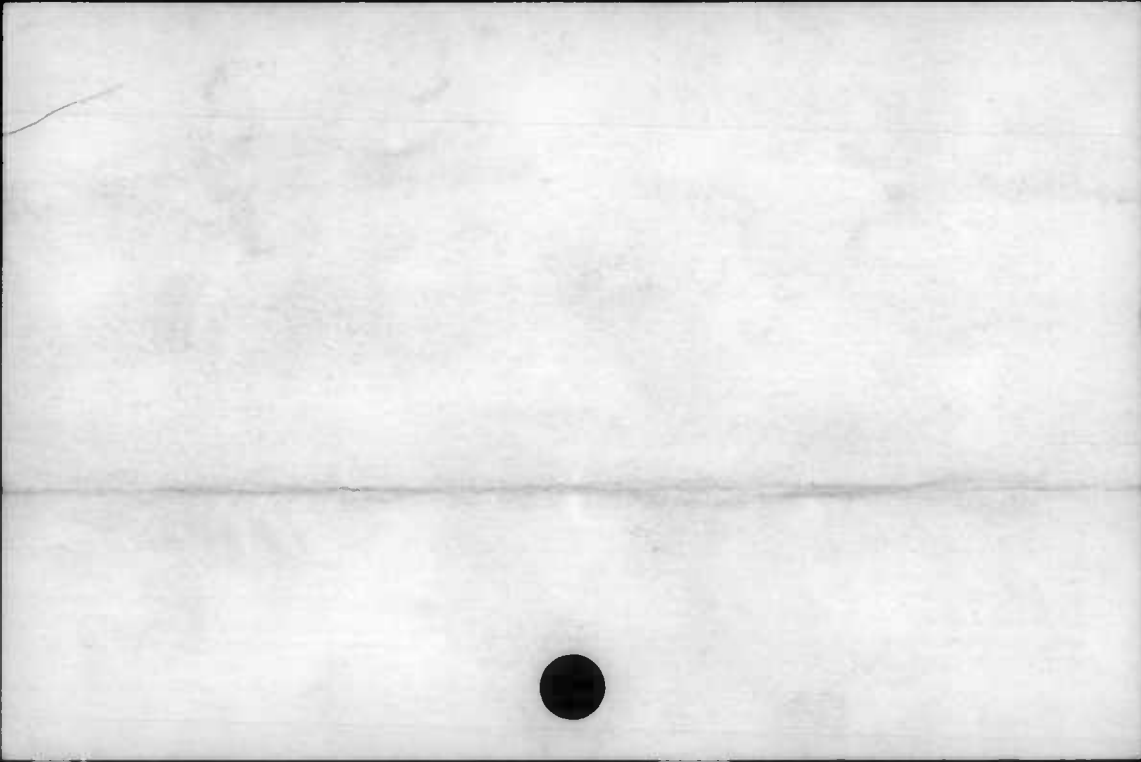
Primary Acute Indigestion How long 2 days

Immediate Sclerosis How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Ed Stone Address Mr. Freedom Pa

Accident or Suicide



Name in Full		Francis Welch.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt Winans		County Baltimore		MARYLAND	
	Date of death	1900	Month April	Day 3	Age 68	Months	Days
	Sex	female		Color or Race	colored		Birth-place
	Occupation	Lady Maids		Where Residing if not at place of death		Mt. Winans.	
	Married, Single or Widowed	single		Name of Wife or Husband		Sungel	
	Father's Name	Harry Welch.		Father's Birthplace		Virginia	
	Mother's Maiden Name	Polly		Mother's Birthplace		Virginia	
	Name of person giving information	Margaret Johnson		How related to deceased		Sister	
CAUSES OF DEATH						120	✓
PHYSICIAN OR CORONER	Primary	Bright's Disease				How long	2 years
	Immediate	Exhaustion				How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Pyffarn
					Address		Mt Winans
	Accident or Suicide?						md 13

Mt Auburn Cemetery Baltimore Co
Maryland April 6 1910

undertaker Felt B Spk Sr
107 E Mulberry St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

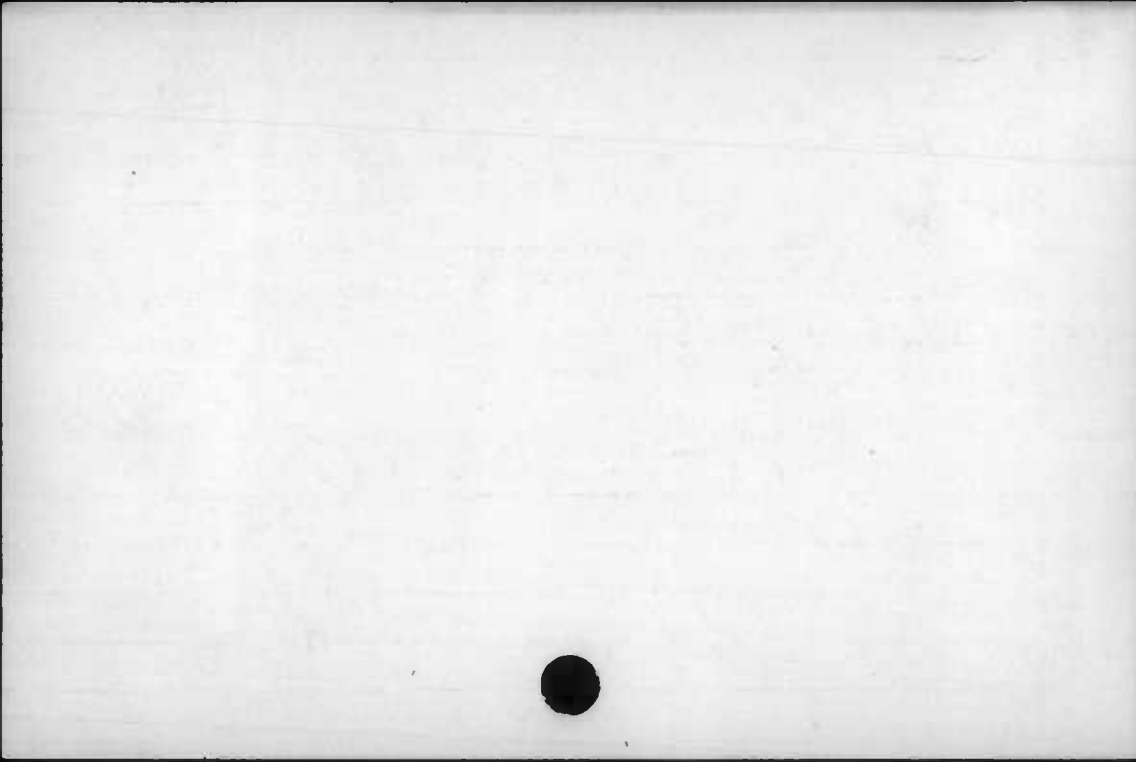
Died at <i>Staggs Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1940</i>		Month <i>April</i>		Day <i>18</i>		Age <i>45</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>2200 W. N. Ave.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Weller.</i>					
Father's Name <i>Louis Weller</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Martha Schroeder</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>George Weller</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

(92) ✓

PHYSICIAN
OR CORONER

Primary	<i>Chronic Alcoholism; Subar Pneumonia</i>		How long	<i>1 yr + : 4 da.</i>
Immediate	<i>Pulmonary Oedema</i>		How long	<i>12 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Allen Guleam M.D.</i>	
			Address <i>Staggs Hospital.</i>	
Accident or Suicide?		<i>No.</i>		



Name
in
Full

Mrs Emma L. Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Catonsville* Town *Baltimore* County **MARYLAND**
 Date of death 19*00* *0* Month *April* Day *15* Age *65* Months Days
 Sex *Female* Color or Race *White* Birth-place *Maryland*
 Occupation *Lady* Where Residing if not at place of death *Catonsville*
 Married, Single or Widowed *Single* Name of Wife or Husband *John David Wheeler*
 Father's Name *Samuel Wilhelm* Father's Birthplace *Pruss*
 Mother's Maiden Name *Mary Siebert* Mother's Birthplace *"*
 Name of person giving Information *Mrs John Blankenship* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* How long *64* *several years*
 Immediate *Cerebral Hemorrhage* How long *12 hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Alfred J. Gmady M.D.*
 Address *Atbal, Catonsville Md*
 Accident or Suicide *No*

E Madison
Mitchell
Sandown Park.

Name
in
Full

Willie Whinery

CERTIFICATE OF DEATH

Died at <i>Parkville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1900</i> ^{Month} <i>April</i> ^{Day} <i>14</i> ^{Years} <i>47</i> ^{Months} <i>7</i> ^{Days} <i>—</i>		Sex <i>Female</i> Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>1303 E Biddle st</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Whinery</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Watson</i>		Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Elizabeth Hill</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 yr.</i>
	Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>1 yr.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geary A. Long M.D</i>	
	Address <i>Hamilton, Ind</i>		<i>14</i>	
Accident or Suicide? <i>No</i>				

George Schilling & Sons
Funeral Directors

Interment at Baltimore Cemetery
April 16th 1910 at 4 P.M.

Name
in
Full

Grover C White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calamus</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death 19 <i>00</i>		Month <i>April</i>		Day <i>24</i>		Age <i>20</i>		Months <i>4</i> Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wetzigum Md</i>					
Occupation <i>Car Conductor</i>		Where Residing if not at place of death <i>Philadelphia Pa</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>Benjamin F White</i>		Father's Birthplace <i>Wetzigum Md</i>							
Mother's Maiden Name <i>Mary Umbaugh</i>		Mother's Birthplace <i>Howard Co Md</i>							
Name of person giving Information <i>Elizabeth Prester</i>		How related to deceased <i>Sister</i>							

CAUSES OF DEATH

Primary <i>Acute Parenchymatous nephritis</i>		How long <i>8 weeks</i>	
Immediate <i>Uraemia</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Charles L Maffelott Md</i>	
		Address <i>Calamus Md</i>	
Accident or Suicide <i>—</i>			

PHYSICIAN
OR CORONER



Name
in
Full

Sr. Mary Eleanor. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

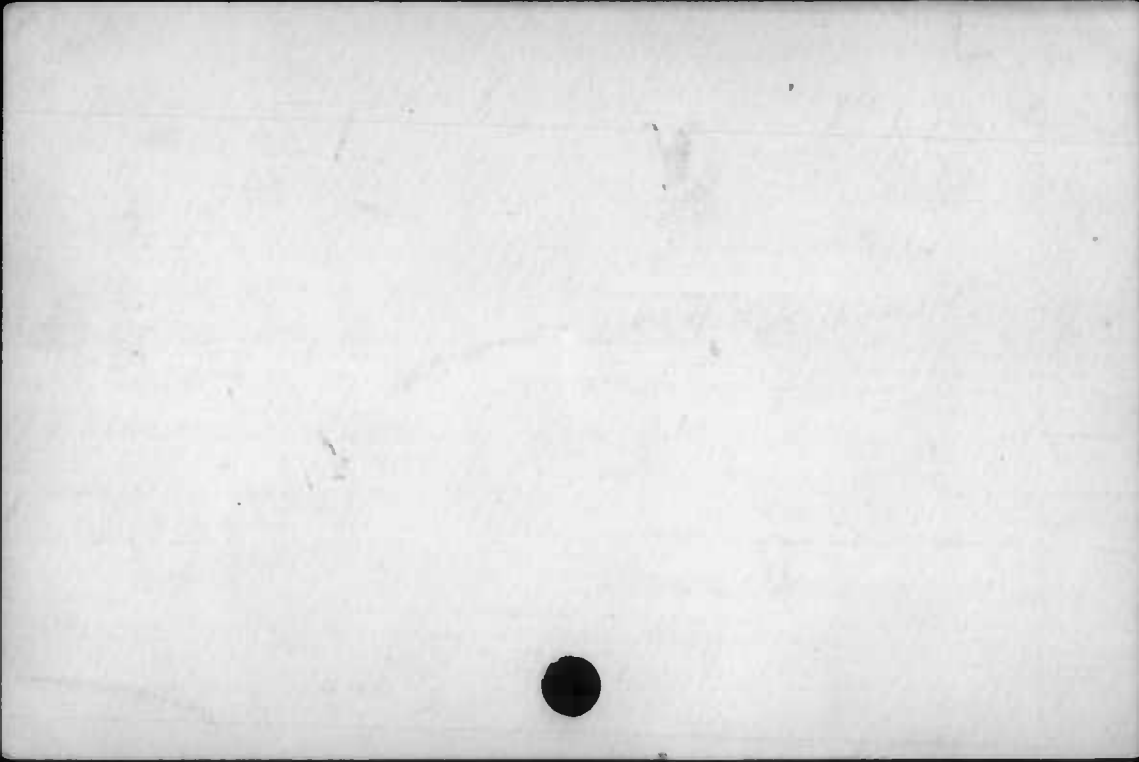
Died at ^{Town} Mt Washington		^{County} Balto		MARYLAND	
Date of death	1900	Month	April	Day	15
Age		38		Years	
Sex	Female	Color or Race	white	Birth-place	Washington DC
Occupation	Religious		Where Residing if not at place of death		
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Thomas S. Williams		Father's Birthplace	
Mother's Maiden Name		Martha		Mother's Birthplace	
Name of person giving information		Rev. Mother Rigouri		How related to deceased	
				None	

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	About 5 years
Immediate	Asthma		How long	About 6 mos
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
(3rd District)			Address	
			Mt Washington Md	
Accident or Suicide?				



Name
in
Full

Benjamin Franklin Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cockeysville		County Baltimore		MARYLAND	
Date of death	1900	Month April	Day 15	Age	Years	Months 8	Days 18
Sex	male		Color or Race	white		Birth-place	Chestnut Ridge
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				John S. Young			
Mother's Maiden Name				Penelope Bobbitt			
Name of person giving information				John S. Young			
Father's Birthplace				Chestnut Ridge			
Mother's Birthplace				Chestnut Ridge			
How related to deceased				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute Bronchitis		(89)	How long	5 days
Immediate	convulsions			How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	
				Dr. B. R. Benson Jr.	
				Address	
				Cockeysville	
Accident or Suicide?				natural	

Burial at Grace Cemetery
April 17th 1910

Wm. C. Brooks.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unknown Female Infant
Near Ellicott City
County Baltimore

MARYLAND

Died at

Date of death 1910 Apr 12 Age Months Days

Sex Female Color or Race Colored Birth-place Near Ellicott City

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary Premature Birth How long Unknown

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frederick Pakendorf
Calumet, Ind

Accident or Suicide

PHYSICIAN
OR CORONER

